

The Memory Hole

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Agency: National Security Agency

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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 second half. The first half is here:*
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

NAF EQUIPMENT INVENTORY RECORD

ID NUMBER (BAR Code)		ITEM LOCATION	
TYPE EQUIPMENT			
MANUFACTURER			
MODEL		SERIAL	
VOLT	AMPS	PHASE	
ACQ COST/YR	OLD AGENCY ID NUMBER OR BAR CODE	DATE LAST INVENTORY	
REMARKS			

DATE DISPOSED OF

FORM P6748 JUL 93
NSN: 7540-FM-001-5437

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

NAME CHANGE / REPORT OF MARRIAGE / MARITAL STATUS CHANGE

PRIVACY ACT STATEMENT: Authority for collecting information 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 GNSA01, GNSA06, GNSA08, GNSA09, GNSA10, and GNSA11 apply to this information. Auth for requesting SSN is EO 9397. The requested information will be used to identify the individual, and to update and process medical, personnel, personnel security, and payroll records. Your disclosure of requested information, including SSN, is voluntary. However, failure to furnish the requested information may delay the updating or processing of your personal NSA records identified above, and may affect your eligibility for access to Sensitive Compartmented Information (SCI).

INSTRUCTIONS

1. After completing this form, print out **BOTH** pages and sign and date them.
2. Forward Copy 2 to your Integrated Personnel Activity (i.e., S2S/N, S2F, S2I, S2DO, S2T, etc.)
3. If this change will affect the name on the badge, handcarry first copy to the nearest Visitor Control Center in order to have the badge corrected.
4. If change will **NOT** affect the badge, forward first copy to S4321, FANX I, Room FX1W28, Suite 6775.

SECTION I

UPDATE MY RECORDS TO REFLECT CHANGE IN		SOCIAL SECURITY NUMBER	REASON FOR CHANGE (e.g., marriage, divorce, court order)
<input type="checkbox"/> MARITAL STATUS	<input type="checkbox"/> NAME <small>(I have informed the Social Security Admin. of my name change.)</small>		<input type="checkbox"/> MARRIAGE <input type="checkbox"/> DIVORCE <input type="checkbox"/> OTHER
PRESENT NAME (Last, First, Middle/MI) <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> MISS		DATE OF CHANGE	
FORMER NAME, IF APPLICABLE (Last, First, Middle/MI) <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> MISS		PLACE OF CHANGE (Indicate court, if applicable)	
PRESENT ADDRESS (Include ZIP code)		NSA AFFILIATION <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> MILITARY <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> TENANT	

SECTION II (To be completed only if change was due to marriage)

(List all as shown. If anyone listed is a naturalized citizen, under 'REMARKS', provide the date, port of entry and naturalization certificate number.)

FULL NAME (Last, First, Middle) <small>(List the maiden and former married names, if any, of all married females.)</small>	Living?		ADDRESS	BIRTH		CITIZENSHIP (Country)	Naturalized?		EMPLOYER (Name and Address)
	Y	N		DATE	PLACE		Y	N	
SPOUSE									
MOTHER-IN-LAW									
FATHER-IN-LAW									

REMARKS (if any)

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

SECTION III

SIGNATURE OF PERSON COMPLETING FORM	DATE
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NAME CHANGE / REPORT OF MARRIAGE / MARITAL STATUS CHANGE

PRIVACY ACT STATEMENT: Authority for collecting information 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 GNSA01, GNSA06, GNSA08, GNSA09, GNSA10, and GNSA11 apply to this information. Auth for requesting SSN is EO 9397. The requested information will be used to identify the individual; and to update and process medical, personnel, personnel security, and payroll records. Your disclosure of requested information, including SSN, is voluntary. However, failure to furnish the requested information may delay the updating or processing of your personal NSA records identified above, and may affect your eligibility for access to Sensitive Compartmented Information (SCI).

INSTRUCTIONS

1. After completing this form, print out **BOTH** pages and sign and date them.
2. Forward Copy 2 to your Integrated Personnel Activity (i.e., S2S/N, S2F, S2I, S2DO, S2T, etc.)
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4. If change will **NOT** affect the badge, forward first copy to S4321, FANX I, Room FX1W28, Suite 6775.

SECTION I

UPDATE MY RECORDS TO REFLECT CHANGE IN <input type="checkbox"/> MARITAL STATUS <input type="checkbox"/> NAME <small>(I have informed the Social Security Admin. of my name change.)</small>		SOCIAL SECURITY NUMBER	REASON FOR CHANGE (e.g., marriage, divorce, court order) <input type="checkbox"/> MARRIAGE <input type="checkbox"/> DIVORCE <input type="checkbox"/> OTHER
PRESENT NAME (Last, First, Middle/MI) <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> MISS		DATE OF CHANGE	
FORMER NAME, IF APPLICABLE (Last, First, Middle/MI) <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> MISS		PLACE OF CHANGE (Indicate court, if applicable)	
PRESENT ADDRESS (Include ZIP code)		NSA AFFILIATION <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> MILITARY <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> TENANT	

REMARKS (if any)

SECTION III

SIGNATURE OF PERSON COMPLETING FORM

DATE

NATO ACCESS CERTIFICATION*Please Type or Print!!*

DATE (YYYY-MM-DD)

PRIVACY ACT STATEMENT: Auth: GNSA10, Pub.L. 88-290, EO 12968; NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) apply to this information. Authority for requesting SSN: E.O. 9397. Info will be used to positively identify the individual for briefing, rebriefing, and debriefing for the handling of COSMIC TOP SECRET, ATOMAL, NATO SECRET, and NATO CONFIDENTIAL material. Disclosure of the information, including the Social Security Number is voluntary. Effect on individual if information is not provided: inability to verify individual may delay clearance access.

SECTION A - GENERAL

NAME (Last)		(First)	(MI)	<input type="checkbox"/> CIV	<input type="checkbox"/> MIL	(If Military, provide Rank)
SID	SSN		PHONE NUMBER (Secure)		(Non-Secure)	
ORGANIZATION	BUILDING		ROOM NUMBER			

SECTION B - BRIEFING

I certify that I have been briefed and fully understand the procedures for handling the below checked material and am aware of my responsibility for safeguarding such information and that I am liable to prosecution under Sections 793 and 794 of Title 18, U.S.C., if either by intent or negligence I allow it to pass into unauthorized hands.

☐ COSMIC ☐ ATOMAL ☐ NATOSECRET

SIGNATURE	DATE
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SECTION C - ATOMAL REBRIEFING

I certify that I have been rebriefed and fully understand the procedures for handling ATOMAL material and am aware of my responsibility to safeguard such information.

SIGNATURE	DATE	SIGNATURE	DATE

SECTION D - REVALIDATION

☐ COSMIC ☐ ATOMAL ☐ NATOSECRET

SIGNATURE	DATE
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SECTION E - DEBRIEFING

I have been debriefed for the below checked information and I understand that I must not disclose any classified information which I have obtained in my assignment to this organization or in connection therewith. I also understand that I must not make any such classified information available to the public or to any person not lawfully entitled to that information. I further understand that any unauthorized disclosure of such classified information, whether public or private, intentional or unintentional, will subject me to prosecution under applicable laws.

☐ COSMIC ☐ ATOMAL ☐ NATOSECRET

SIGNATURE	DATE
CONTROL OFFICER SIGNATURE	DATE

NCO COUNSELING CHECKLIST/RECORD

For use of this form, see AR 623-205; the proponent agency MILPERCEN

NAME OF RATED NCO

RANK

DUTY POSITION

UNIT

PURPOSE: The primary purpose of counseling is to improve performance and to professionally develop the rated NCO. The best counseling is always looking forward. It does not dwell on the past and on what was done, rather on the future and what can be done better. Counseling at the end of the rating period is too late since there is not time to improve before evaluation.

RULES:

1. Face-to-face performance counseling is mandatory for all Noncommissioned Officers.
2. This form is for use along with a working copy of the NCO-ER for conducting NCO performance counseling and recording counseling content and dates. Its use is mandatory for counseling all NCOs, CPL thru SFC/PSG, and is optional for counseling other senior NCOs.
3. Active Component. Initial counseling must be conducted within the first 30 days of each rating period, and at least quarterly thereafter. Reserve Components. (ARNG, USAR). Counseling must be conducted at least semiannually. There is no mandatory counseling at the end of the rating period.

CHECKLIST - FIRST COUNSELING SESSION AT THE BEGINNING OF THE RATING PERIOD**PREPARATION**

1. Schedule counseling session, notify rated NCO.
2. Get copy of last duty description used for rated NCO's duty position, a blank copy of the NCO-ER, and the names of the new rating chain.
3. Update duty description (see page 2.)
4. Fill out rating chain and duty description on working copy of NCO-ER. Parts II and III.
5. Read each of the values/responsibilities in Part IV of NCO-ER and the expanded definitions and examples on page 3 and 4 of this form.
6. Think how each value and responsibility in Part IV of NCO-ER applies to the rated NCO and his/her duty position.
Note: Leadership and training may be more difficult to apply than the other values/responsibilities when the rated NCO has no subordinates. Leadership is simply influencing others in the accomplishment of the mission and that can include peers and superiors. It also can be applied directly to additional duties and other areas of Army community life. Individual training is the responsibility of all NCO's whether or not there are subordinates. Every NCO knows something that can be taught to others and should be involved in some way in a training program.
7. Decide what you consider necessary for success (a meets standards rating) for each value/responsibility. Use the examples listed on pages 3 and 4 of this form as a guide in developing your own standard for success. Some may apply exactly, but you may have to change them or develop new ones that apply to your situation. Be specific so the rated NCO will know what is expected.
8. Make notes in blank spaces in Part IV of NCO-ER to help when counseling.
9. Review counseling tips in FM 22-101.

COUNSELING

1. Make sure rated NCO knows rating chain.
2. Show rated NCO the draft duty description on your working copy of the NCO-ER. Explain all parts. If rated NCO performed in position before, ask for any ideas to make duty description better.
3. Discuss the meaning of each value/responsibility in Part IV of NCO-ER. Use the trigger words on the NCO-ER, and the expanded definitions on pages 3 and 4 of this form to help.
4. Explain how each value/responsibility applies to the specific duty position by showing or telling your standards for success (a meets standards rating). Use examples on pages 3 and 4 of this form as a start point. Be specific so the rated NCO really knows what's expected.
5. When possible, give specific examples of excellence that could apply. This gives the rated NCO something special to strive for. Remember that only a few achieve real excellence and that real excellence always includes specific results and often includes accomplishments of subordinates.
6. Give rated NCO opportunity to ask questions and make suggestions.

AFTER COUNSELING

1. Record rated NCO's name and counseling date on this form.
2. Write key points made in counseling session on this form.
3. Show key points to rated NCO and get his initials.
4. Save NCO-ER with this checklist for next counseling session.

CHECKLIST - LATER COUNSELING SESSIONS DURING THE RATING PERIOD**PREPARATION**

1. Schedule counseling session, notify rated NCO, and tell him/her to come prepared to discuss what has been accomplished in each value/responsibility.
2. Look at working copy of NCO-ER you used during last counseling session.
3. Read and update duty description. Especially note the area of special emphasis; the priorities may have changes.
4. Read again, each of the values/responsibilities in Part IV of NCO-ER and the expanded definitions and examples on pages 3 and 4 of this form; then think again, about your standards for success.
5. Look over the notes you wrote down on page 2 of this form about the last counseling session.

6. Think about what the rated NCO has done so far during this rating period (specifically, observed action, demonstrated behavior, and results).
7. For each value/responsibility area, answer three questions: First, what has happened in response to any discussion you had during the last counseling session? Second, what has been done well?; and Third, what could be done better?
8. Make notes in blank spaces in Part IV of NCO-ER to help focus when counseling. (Use new NCO-ER if old one is full from last counseling session).
9. Review counseling tips in FM 22-101.

COUNSELING

1. Go over each part of the duty description with rated NCO. Discuss any changes, especially to the area of special emphasis.

2. Tell rated NCO how he/she is doing. Use your success standards as a guide for the discussion (the examples on pages 3 and 4 may help). First, for each value/responsibility, talk about what has happened in response to any discussion you had during the last counseling session (remember, observed action, demonstrated behavior and results). Second, talk about what was done well. Third, talk about how to do better. The goal is to get all NCOs to be successful and meet standards.

3. When possible, give examples of excellence that could apply. This gives the rated NCO something to strive for, REMEMBER, EXCELLENCE IS SPECIAL, ONLY A FEW ACHIEVE IT! Excellence includes results and often involves subordinates.

4. Ask rated NCO for ideas, examples and opinions on what has been done so far and what can be done better. (This step can be done first or last).

AFTER COUNSELING

1. Record counseling date on this form.
2. Write key points made in counseling session on this form.
3. Show key points to rated NCO and get his initials.
4. Save NCO-ER with this checklist for next counseling session. (Notes should make record NCO-ER preparation easy at end of rating period).

COUNSELING RECORD

DATE OF COUNSELING	RATED NCO's INITIALS	KEY POINTS MADE
INITIAL		
LATER		
LATER		
LATER		

DUTY DESCRIPTION (PART III of NCO-ER)

The duty description is essential to performance counseling and evaluation. It is used during the first counseling session to tell rated NCO what the duties are and what needs to be emphasized. It may change somewhat during the rating period. It is used at the end of the rating period to record what was important about the duties.

The five elements of the duty description:

1&2. Principal Duty Title and Duty MOS Code. Enter principal duty title and DMOS that most accurately reflects actual duties performed.

3. Daily Duties and Scope. This portion should address the most important routine duties and responsibilities. Ideally, this should include number of people supervised, equipment, facilities, and dollars involved and any other routine duties and responsibilities critical to mission accomplishment.

4. Area of Special Emphasis. This portion is most likely to change somewhat during the rating period. For this first counseling session, it includes those items that require top priority effort at least for the first part of the upcoming rating period. At the end of the rating period, it should include the most important items that applied at any time during the rating period (examples are preparation for REFORGER deployment, combined arms drilled training for FTX, preparation for NTC rotation, revision of battalion maintenance SOP, training for tank table qualification, ITEP and company AMTP readiness, related tasks cross-training, reserve components annual training support (AT) and SIDPERS acceptance rate).

5. Appointed Duties. This portion should include those duties that are appointed and are not normally associated with the duty description.

VALUES/NCO RESPONSIBILITIES (PART IV of NCO-ER)

VALUES: Values are what soldiers, as a profession, judge to be right. They are the moral, ethical, and professional attributes of character. They are the heart and soul of a great Army. Part IVa of the NCO-ER includes some of the most important values. These are: Putting the welfare of the nation, the assigned mission and teamwork before individual interests; Exhibiting absolute honesty

and courage to stand up for what is right; Developing a sense of obligation and support between those who are led, those who lead, and those who serve alongside; Maintaining high standards of personal conduct on and off duty; And finally, demonstrating obedience, total adherence to the spirit and letter of a lawful order, discipline, and ability to overcome fear despite difficulty or danger.

Examples of standards for "YES" ratings:

- Put the Army, the mission and subordinates first before own personal interest.
- Meet challenges without compromising integrity.
- Personal conduct, both on and off duty, reflects favorably on NCO corps.
- Obey lawful orders and do what is right without orders.
- Choose the hard right over the easy wrong.
- Exhibit pride in unit, be a team player.
- Demonstrate respect for all soldiers regardless of race, creed, color, sex or national origin.

COMPETENCE: The knowledge, skills and abilities necessary to be expert in the current duty assignment and to perform adequately in other assignments within the MOS when required. Competence is both technical and tactical and includes reading, writing, speaking and basic mathematics. It also includes sound judgement, ability to weigh alternatives, form objective opinions and make good decisions.

Closely allied with competence is the constant desire to be better, to listen and learn more and to do each task completely to the best of one's ability. Learn, grow, set standards, and achieve them, create and innovate, take prudent risks, never settle for less than best. Committed to excellence.

Examples of standards for "Success/Meets Standards" rating:

- Master the knowledge, skills and abilities required for performance in your duty position.
- Meet PMOS SQT standards for your grade.
- Accomplish completely and promptly those tasks assigned or required by duty position.
- Constantly seek ways to learn, grow and improve.

Examples of "Excellence":

- Picked as SSG to be a platoon sergeant over twelve other SSGs.
- Maintained SIDPERS rating of 98% for six months.
- Scored 94% on last SQT.
- Selected best truck master in annual battalion competition.
- Designated Installation Drill Sergeant of Quarter.
- Exceeded recruiting objectives two consecutive quarters.
- Awarded Expert Infantryman Badge (EIB).

PHYSICAL FITNESS AND MILITARY BEARING: Physical fitness is the physical and mental ability to accomplish the mission - combat readiness. Total fitness includes weight control, diet and nutrition, smoking cessation, control of substance abuse, stress management, and physical training. It covers strength, endurance, stamina, flexibility, speed, agility, coordination and balance. NCOs are

responsible for their own physical fitness and that of their subordinates. Military Bearing consists of posture, dress, overall appearance, and manner of physical movement. Bearing also includes and outward display of inner-feelings, fears, and overall confidence and enthusiasm. An inherent NCO responsibility is concern with the military bearing of the individual soldier, to include on-the-spot corrections.

Examples of standards for "Success/Meets Standards" rating:

- Maintain weight within Army limits for age and sex.
- Obtain passing score in APFT and participate in a regular exercise program.
- Maintain personal appearance and exhibit enthusiasm to the point of setting an example for junior enlisted soldiers.
- Monitor and encourage improvement in the physical and military bearing of subordinates.

Examples of standards of "Excellence":

- Received Physical Fitness Badge for 292 score on APFT.
- Selected soldier of the month/quarter/year.
- Three of the last four soldiers of the month were from his/her platoon.
- As master Fitness Trainer, established battalion physical fitness program.
- His entire squad was commended for scoring above 270 on APFT.

LEADERSHIP: Influencing others to accomplish the mission. It consists of applying leadership attributes (Beliefs, Values, Ethics, Character, Knowledge, and Skills). It includes setting tough, but achievable standards and demanding that they be met; Caring deeply and sincerely for subordinates and their families and welcoming the opportunity to serve them; Conducting counseling;

Setting the example by word and act/deed; Can be summarized by BE (Committed to the professional Army ethic and professional traits); KNOW (The factors of leadership, yourself, human nature, your job, and your unit); DO (Provide direction, implement, and motivate). Instill the spirit to achieve and win: Inspire and develop excellence. A soldier cared for today, leads tomorrow.

Examples of standards for "Success/Meets Standards" rating:

- Motivate subordinates to perform to the best of their ability as individuals and together as a disciplined cohesive team to accomplish the mission.
- Demonstrate that you care deeply and sincerely for soldiers and welcome the opportunity to serve them.
- Instill the spirit to achieve and win; Inspire and develop excellence through counseling.
- Set the example: BE, KNOW, DO.

Examples of "Excellence":

- Motivated entire squad to qualify expert with M-16.
- Won last three platoon quad inspections.
- Selected for membership in Sergeant Morales Club.
- Inspired mechanics to maintain operational readiness rating of 95% for two consecutive quarters...
- Led his squad through map orienteering course to win the battalion competition.
- Counseled two marginal soldiers ultimately selected for promotion.

Training: Preparing individuals, units and combined arms teams for duty performance; The teaching of skills and knowledge. NCOs contribute to team training, are often responsible for unit training (Squads, Crews, Sections), but individual training is the most important, exclusive responsibility of the NCO Corps. Quality training bonds units: Leads directly to good discipline; Concentrates on

wartime missions; Is tough and demanding without being reckless; Is performance oriented; Sticks to Army doctrine to standardize what is taught to fight, survive, and win, as small units when AirLand battle actions dictate. "Good training means learning from mistakes and allowing plenty of room for professional growth. Sharing knowledge and experience is the greatest legacy one can leave subordinates."

Examples of standards for "Success/Meets Standards" rating:

- Make sure soldiers-
 - a. Can do identified common tasks.
 - b. Are prepared for SQT and Commander's Evaluation.
 - c. Develop and practice skills for duty position.
 - d. Train as a squad/crew/section.
- Identify and recommend subordinates for professional development courses.
- Participate in unit training program.
- Share knowledge and experience with subordinates.

Examples of "Excellence":

- Taught five common tasks resulting in 100% GO on Annual CTT for all soldiers in directorate.
- Trained best howitzer section of the year in battalion.
- Coached subordinates to win consecutive soldier of month competitions.
- Established company Expert Field Medical Badge program resulting in 85% of all eligible soldiers receiving EFMB.
- Distinguished 1 tank and qualified 3 tanks in platoon on first run of tank table VIII.
- Trained platoon to fire honor battery during annual service practice.

RESPONSIBILITY AND ACCOUNTABILITY: The proper care, maintenance, use, handling, and conservation of personnel, equipment, supplies, property, and funds. Maintenance of weapons, vehicles, equipment, conservation of supplies, and funds is a special NCO responsibility because of its links to the success of all missions, especially those on the battlefield. It includes inspecting soldier's equipment often, using manual or checklist; Holding soldiers responsible for repairs and losses; Learning how to use and maintain all the equipment soldiers use; Being among the first to operate new equipment; Keeping up-to-date component lists; Setting aside time

for inventories; and Knowing the readiness status of weapons, vehicles, and other equipment. It includes knowing where each soldier is during duty hours; Why he is going on sick call, where he lives, and his family situation; It involves reducing accidental manpower and monetary losses by providing a safe and healthful environment; It includes creating a climate which encourages young soldiers to learn and grow, and, to report serious problems without fear of repercussions. Also, NCOs must accept responsibility for their own actions and for those of their subordinates.

Examples of standards for "Success/Meets Standards" rating:

- Make sure your weapons, equipment, and vehicles are serviceable, maintained and ready for accomplishing the mission.
- Stop waste of supplies and limited funds.
- Be aware of those things that impact on soldier readiness e.g., family affairs, SQT, CTT, PQR, special duty, medical conditions, etc.
- Be responsible for your actions and those of your subordinates.

Examples of "Excellence":

- His emphasis on safety resulted in four tractor trailer drivers logging 10,000 miles accident free.
- Received commendation from CG for organizing post special olympics program.
- Won the installation award for Quarters of the Month.
- Commended for no APCs on deadline report for six months.
- His learn and grow climate resulted in best platoon ARTEP results in the battalion.

NCO EVALUATION REPORT

For use of this form, see AR 623-205; the proponent agency is DCSPER

SEE PRIVACY ACT STATEMENT
IN AR 623-205, APPENDIX E.

PART I - ADMINISTRATIVE DATA

a. NAME (Last, First, Middle Initial)				b. SSN		c. RANK		d. DATE OF RANK		e. PMOSC	
f. UNIT, ORG., STATION, ZIP CODE OR APO, MAJOR COMMAND								g. REASON FOR SUBMISSION			
h. PERIOD COVERED				i. RATED MONTHS		j. NON-RATED CODES		k. NO. OF ENCL		l. RATED NCO COPY (Check one and Date)	
FROM		THRU								m. PSC Initials	
YY	MM	YY	MM								
								1. Given to NCO		Date	
								2. Forwarded to NCO			
								n. CMD CODE		o. PSC CODE	

PART II - AUTHENTICATION

a. NAME OF RATER (Last, First, Middle Initial)				SSN		SIGNATURE							
RANK, PMOSC/BRANCH, ORGANIZATION, DUTY ASSIGNMENT										DATE			
b. NAME OF SENIOR RATER (Last, First, Middle Initial)				SSN		SIGNATURE							
RANK, PMOSC/BRANCH, ORGANIZATION, DUTY ASSIGNMENT										DATE			
c. Rated NCO: I understand my signature does not constitute agreement with the evaluations of the rater and senior rater. Part I, height/weight and APFT entries are verified. I have seen this report completed through Part V. I am aware of the appeals process (AR 623-205).										SIGNATURE		DATE	
d. NAME OF REVIEWER (Last, First, Middle Initial)				SSN		SIGNATURE							
RANK, PMOSC/BRANCH, ORGANIZATION, DUTY ASSIGNMENT										DATE			
e. <input type="checkbox"/> CONCUR WITH RATER AND SENIOR RATER EVALUATIONS <input type="checkbox"/> NONCONCUR WITH RATER AND/OR SENIOR RATER EVAL (See attached comments)													

PART III - DUTY DESCRIPTION (Rater)

a. PRINCIPAL DUTY TITLE				b. DUTY MOSC							
c. DAILY DUTIES AND SCOPE (To include, as appropriate, people, equipment, facilities and dollars)											
d. AREAS OF SPECIAL EMPHASIS											
e. APPOINTED DUTIES											
f. Counseling dates from checklist/record				INITIAL		LATER		LATER		LATER	

PART IV - VALUES/NCO RESPONSIBILITIES (Rater)

a. Complete each question. (Comments are mandatory for "No" entries; optional for "Yes" entries.)										YES	NO
1. Places dedication and commitment to the goals and missions of the Army and nation above personal welfare.										1	
2. Is committed to and shows a sense of pride in the unit - works as a member of the team.										2	
3. Is disciplined and obedient to the spirit and letter of a lawful order.										3	
4. Is honest and truthful in word and deed.										4	
5. Maintains high standards of personal conduct on and off duty.										5	
6. Has the courage of convictions and the ability to overcome fear - stands up for and does, what's right.										6	
7. Supports EO/EEO										7	
Butler comments											

V
A
L
U
E
S

PERSONAL
Commitment
Competence
Candor
Courage

ARMY ETHIC
Loyalty
Duty
Selfless Service
Integrity

DOCID: 2114724

RATED NCO'S NAME (Last, First, Middle Initial)		SSN	THRU DATE
PART IV (Rater) - VALUES/NCO RESPONSIBILITIES			
Specific Bullet examples of "EXCELLENCE" or "NEEDS IMPROVEMENT" are mandatory. Specific Bullet examples of "SUCCESS" are optional.			
b. COMPETENCE o Duty proficiency; MOS competency o Technical & tactical; knowledge, skills, and abilities o Sound judgement o Seeking self-improvement; always learning o Accomplishing tasks to the fullest capacity; committed to excellence <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> EXCELLENCE <small>(Exceeds std)</small> <input type="checkbox"/> </div> <div style="text-align: center;"> SUCCESS <small>(Meets std)</small> <input type="checkbox"/> </div> <div style="text-align: center;"> NEEDS IMPROVEMENT <small>(Some) (Much)</small> <input type="checkbox"/> <input type="checkbox"/> </div> </div>			
c. PHYSICAL FITNESS & MILITARY BEARING o Mental and physical toughness o Endurance and stamina to go the distance o Displaying confidence and enthusiasm; looks like a soldier <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> EXCELLENCE <small>(Exceeds std)</small> <input type="checkbox"/> </div> <div style="text-align: center;"> SUCCESS <small>(Meets std)</small> <input type="checkbox"/> </div> <div style="text-align: center;"> NEEDS IMPROVEMENT <small>(Some) (Much)</small> <input type="checkbox"/> <input type="checkbox"/> </div> </div>		APFT	HEIGHT/WEIGHT
d. LEADERSHIP o Mission first o Genuine concern for soldiers o Instilling the spirit to achieve and win o Setting the example; Be, Know, Do <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> EXCELLENCE <small>(Exceeds std)</small> <input type="checkbox"/> </div> <div style="text-align: center;"> SUCCESS <small>(Meets std)</small> <input type="checkbox"/> </div> <div style="text-align: center;"> NEEDS IMPROVEMENT <small>(Some) (Much)</small> <input type="checkbox"/> <input type="checkbox"/> </div> </div>			
e. TRAINING o Individual and team o Mission focused; performance oriented o Teaching soldiers how; common tasks, duty-related skills o Sharing knowledge and experience to fight, survive and win <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> EXCELLENCE <small>(Exceeds std)</small> <input type="checkbox"/> </div> <div style="text-align: center;"> SUCCESS <small>(Meets std)</small> <input type="checkbox"/> </div> <div style="text-align: center;"> NEEDS IMPROVEMENT <small>(Some) (Much)</small> <input type="checkbox"/> <input type="checkbox"/> </div> </div>			
f. RESPONSIBILITY & ACCOUNTABILITY o Care and maintenance of equip./facilities o Soldier and equipment safety o Conservation of supplies and funds o Encouraging soldiers to learn and grow o Responsible for good, bad, right & wrong <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> EXCELLENCE <small>(Exceeds std)</small> <input type="checkbox"/> </div> <div style="text-align: center;"> SUCCESS <small>(Meets std)</small> <input type="checkbox"/> </div> <div style="text-align: center;"> NEEDS IMPROVEMENT <small>(Some) (Much)</small> <input type="checkbox"/> <input type="checkbox"/> </div> </div>			
PART V - OVERALL PERFORMANCE AND POTENTIAL			
a. RATER. Overall potential for promotion and/or service in positions of greater responsibility. <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> AMONG THE BEST <input type="checkbox"/> </div> <div style="text-align: center;"> FULLY CAPABLE <input type="checkbox"/> </div> <div style="text-align: center;"> MARGINAL <input type="checkbox"/> </div> </div>		e. SENIOR RATER BULLET COMMENTS <div style="height: 100px;"></div>	
b. RATER. List 3 positions in which the rated NCO could best serve the Army at his/her current or next higher grade. <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>			
c. SENIOR RATER. Overall performance		d. SENIOR RATER. Overall potential for promotion and/or service in positions of greater responsibility.	
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: x-small;"> 12345 </div> <div style="display: flex; justify-content: space-around; font-size: x-small;"> SuccessfulFairPoor </div>		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: x-small;"> 12345 </div> <div style="display: flex; justify-content: space-around; font-size: x-small;"> SuperiorFairPoor </div>	

EQUIPMENT USER (Mandatory)NSA ID TAG[illegible]

00	50
01	51
02	52
03	53
04	54
05	55
06	56
07	57
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38	88
39	89
40	90
41	91
42	92
43	93
44	94
45	95
46	96
47	97
48	98
49	99

NOISE SURVEY WORKSHEET

ORGANIZATION	BUILDING	ROOM	REPORT SERIAL NUMBER
SUPERVISOR		PHONE NUMBER	SURVEY DATE
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

SOUND LEVEL METER DATA

[illegible]

DOSIMETER DATA

[illegible]

PRE-SURVEY

BATTERY CHECK		LOCATION / T & B.P.				
<input type="checkbox"/> YES	<input type="checkbox"/> NO					
CALIBRATOR SN						
RESULTS		125	250	500	1000	2000
	dBA					
	dBC					
INITIALS		DATE			TIME	

POST-SURVEY

BATTERY CHECK <input type="checkbox"/> YES <input type="checkbox"/> NO		LOCATION / T & B.P.				
CALIBRATOR SN						
RESULTS		125	250	500	1000	2000
	dBA					
	dBC					
INITIALS			DATE		TIME	

PRE-SURVEY

BATTERY CHECK		LOCATION / T & B.P.				
<input type="checkbox"/> YES <input type="checkbox"/> NO						
CALIBRATOR SN						
RESULTS		125	250	500	1000	2000
	dBA					
	dBC					
INITIALS		DATE			TIME	

POST-SURVEY

BATTERY CHECK		LOCATION / T & B.P.				
<input type="checkbox"/> YES	<input type="checkbox"/> NO					
CALIBRATOR SN						
RESULTS		125	250	500	1000	2000
	dBA					
	dBC					
INITIALS		DATE			TIME	

JOB DESCRIPTION, OPERATION, WORK LOCATION(S), ENGINEERING CONTROLS

INDUSTRIAL HYGIENIST (Signature)

DATE _____

JOB DESCRIPTION, OPERATION, WORK LOCATION(S), ENGINEERING CONTROLS (Continued)

NOMINATION FOR AWARD		
AWARD	CATEGORY	AWARD PERIOD
RANK/NAME OF NOMINEE (<i>Last, First, Middle Initial</i>)		SSN
DAFSC/DUTY TITLE		
MAJCOM	UNIT/OFFICE SYMBOL/STREET ADDRESS	
BASE/STATE/ZIP CODE	TELEPHONE (<i>DSN & Commercial</i>)	
RANK/NAME OF UNIT COMMANDER (<i>Last, First, Middle Initial</i>)		
SPECIFIC ACCOMPLISHMENTS (<i>Use single-spaced, bullet format</i>)		

NOMINATION FOR AWARD *(continued)*

RANK/NAME OF NOMINEE *(Last, First, Middle Initial)*

SPECIFIC ACCOMPLISHMENTS *(Use single-spaced, bullet format) (Continued)*

NOMINATION FOR AWARD		
AWARD Airman/NCO/SNCO fo Quarter	CATEGORY NCO	AWARD PERIOD 1 April- 30 June 1996
RANK/NAME OF NOMINEE (Last, First, Middle Initial) SSgt. Doe, John Q.		SSN 123-45-6789
DAFSC/DUTY TITLE DAFSC/Duty title goes here		
MAJCOM AIA	UNIT/OFFICE SYMBOL/STREET ADDRESS 694 OSS/OSK 9829 Love Road Fort Meade, Maryland 20755-5260	
BASE/STATE/ZIP CODE Fort Meade, MD 20755-5260	TELEPHONE (DSN & Commercial) (301)688-1234	
RANK/NAME OF UNIT COMMANDER (Last, First, Middle Initial) Unit Commander goes here		
SPECIFIC ACCOMPLISHMENTS (Use single-spaced, bullet format)		
LEADERSHIP AND JOB PERFORMANCE IN PRIMARY DUTY: - A guess a key duty, tasks, and responsibility header goes here then the rest goes here. - Part of the problem, perhaps most of it, is related to temporary factors. Demand is growing more slowly in personal computers -- a \$120 billion global market -- and in some other major areas such as cellular phones. -- But analysts say such trends are typical of the middle months of the year, and underlying growth rates remain robust. "Everybody is panicking," observed Michael Moritz, a partner in Sequoia Capital of Menlo Park, Calif., one of the country's most successful venture-capital firms. "We are watching the lemmings fly out the window."		
SIGNIFICANT SELF IMPROVEMENT: - Yesterday, the technology-laden Nasdaq Composite Index plummeted 34.83 points, or 3.05%, one of the sharpest drops on record, and the Dow Jones Industrial Average swooned by 83.11 points, or 1.48%. -- The main impetus was ominous news from two giants that have led the technology boom of the 1990s, Motorola Inc. and Hewlett-Packard Co. - On Wednesday, H-P said it had run into slowing demand for its computers.		
LEADERSHIP QUALITIES: - A guess a key duty, tasks, and responsibility header goes here then the rest goes here. - Part of the problem, perhaps most of it, is related to temporary factors. Demand is growing more slowly in personal computers -- a \$120 billion global market -- and in some other major areas such as cellular phones. -- But analysts say such trends are typical of the middle months of the year, and underlying growth rates remain robust. "Everybody is panicking," observed Michael Moritz, a partner in Sequoia Capital of Menlo Park, Calif., one of the country's most successful venture-capital firms. "We are watching the lemmings fly out the window."		
OTHER ACCOMPLISHMENTS: - Yesterday, the technology-laden Nasdaq Composite Index plummeted 34.83 points, or 3.05%, one of the sharpest drops on record, and the Dow Jones Industrial Average swooned by 83.11 points, or 1.48%. -- The main impetus was ominous news from two giants that have led the technology boom of the 1990s, Motorola Inc. and Hewlett-Packard Co. - On Wednesday, H-P said it had run into slowing demand for its computers.		
AIR FORCE OR CIVILIAN AWARDS, PRIZES, TITLES: - A guess a key duty, tasks, and responsibility header goes here then the rest goes here. - Part of the problem, perhaps most of it, is related to temporary factors. Demand is growing more slowly in personal computers -- a \$120 billion global market -- and in some other major areas such as cellular phones. -- But analysts say such trends are typical of the middle months of the year, and underlying growth rates remain robust. "Everybody is panicking," observed Michael Moritz, a partner in Sequoia Capital of Menlo Park, Calif., one of the country's most successful venture-capital firms. "We are watching the lemmings fly out the window."		
ARTICULATE AND POSITIVE REPRESENTATIVE OF THE AIR FORCE - Yesterday, the technology-laden Nasdaq Composite Index plummeted 34.83 points, or 3.05%, one of the sharpest drops on record, and the Dow Jones Industrial Average swooned by 83.11 points, or 1.48%. -- The main impetus was ominous news from two giants that have led the technology boom of the 1990s, Motorola Inc. and Hewlett-Packard Co. - On Wednesday, H-P said it had run into slowing demand for its computers.		

NOMINATION FOR AWARD (continued)

RANK/NAME OF NOMINEE (Last, First, Middle Initial)

SSgt. Doe, John Q.

SPECIFIC ACCOMPLISHMENTS (Use single-spaced, bullet format) (Continued)

LEADERSHIP AND JOB PERFORMANCE IN PRIMARY DUTY:

- A guess a key duty, tasks, and responsibility header goes here then the rest goes here.
- Part of the problem, perhaps most of it, is related to temporary factors. Demand is growing more slowly in personal computers -- a \$120 billion global market -- and in some other major areas such as cellular phones.
- But analysts say such trends are typical of the middle months of the year, and underlying growth rates remain robust. "Everybody is panicking," observed Michael Moritz, a partner in Sequoia Capital of Menlo Park, Calif., one of the country's most successful venture-capital firms. "We are watching the lemmings fly out the window."

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- Yesterday, the technology-laden Nasdaq Composite Index plummeted 34.83 points, or 3.05%, one of the sharpest drops on record, and the Dow Jones Industrial Average swooned by 83.11 points, or 1.48%.
- The main impetus was ominous news from two giants that have led the technology boom of the 1990s, Motorola Inc. and Hewlett-Packard Co.
- On Wednesday, H-P said it had run into slowing demand for its computers.

LEADERSHIP QUALITIES:

- A guess a key duty, tasks, and responsibility header goes here then the rest goes here.
- Part of the problem, perhaps most of it, is related to temporary factors. Demand is growing more slowly in personal computers -- a \$120 billion global market -- and in some other major areas such as cellular phones.
- But analysts say such trends are typical of the middle months of the year, and underlying growth rates remain robust. "Everybody is panicking," observed Michael Moritz, a partner in Sequoia Capital of Menlo Park, Calif., one of the country's most successful venture-capital firms. "We are watching the lemmings fly out the window."

OTHER ACCOMPLISHMENTS:

- Yesterday, the technology-laden Nasdaq Composite Index plummeted 34.83 points, or 3.05%, one of the sharpest drops on record, and the Dow Jones Industrial Average swooned by 83.11 points, or 1.48%.
- The main impetus was ominous news from two giants that have led the technology boom of the 1990s, Motorola Inc. and Hewlett-Packard Co.
- On Wednesday, H-P said it had run into slowing demand for its computers.

AIR FORCE OR CIVILIAN AWARDS, PRIZES, TITLES:

- A guess a key duty, tasks, and responsibility header goes here then the rest goes here.
- Part of the problem, perhaps most of it, is related to temporary factors. Demand is growing more slowly in personal computers -- a \$120 billion global market -- and in some other major areas such as cellular phones.
- But analysts say such trends are typical of the middle months of the year, and underlying growth rates remain robust. "Everybody is panicking," observed Michael Moritz, a partner in Sequoia Capital of Menlo Park, Calif., one of the country's most successful venture-capital firms. "We are watching the lemmings fly out the window."

ARTICULATE AND POSITIVE REPRESENTATIVE OF THE AIR FORCE

- Yesterday, the technology-laden Nasdaq Composite Index plummeted 34.83 points, or 3.05%, one of the sharpest drops on record, and the Dow Jones Industrial Average swooned by 83.11 points, or 1.48%.
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AIR FORCE OR CIVILIAN AWARDS, PRIZES, TITLES:

- A guess a key duty, tasks, and responsibility header goes here then the rest goes here.
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ARTICULATE AND POSITIVE REPRESENTATIVE OF THE AIR FORCE

NOMINATION FOR TRAINING

PROGRAM NAME

PRIVACY ACT STATEMENT: Auth for collecting info requested on this form is contained in 50 U.S.C. 402 note; 5 U.S.C. 4101-4118; and Executive Orders 11348 and 12333. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA09 and GNSA12 apply to this information. Authority for requesting your Social Security Number is Executive Order 9397. Information you provide will be used (primarily) to document the nomination of trainees, the completion of training, and to confirm your identity. Disclosure of requested information, including your SSN, is voluntary. However, failure to furnish requested information, other than your SSN, may delay or prevent the Agency from processing you for training.

NAME (Last)	(First)	(MI)	GRADE	SOCIAL SECURITY NUMBER	E-MAIL ADDRESS
HOME ADDRESS				OFFICE PHONE (Secure)	(Non-Secure)
CURRENT ORGANIZATION		POSITION TITLE			

IN **UNCLASSIFIED** TERMS, BRIEFLY DESCRIBE THE NOMINEE'S JOB RESPONSIBILITIES AND JUSTIFY THE REQUESTED TRAINING BY SPECIFYING HOW THE TRAINING WILL BE APPLIED ON RETURN. IDENTIFY THE PROPOSED ORGANIZATION, POSITION AND RESPONSIBILITIES TO WHICH THE NOMINEE WILL RETURN:

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

SIGNATURE	NOMINEE	DATE (YYYY-MM-DD)
	CURRENT SUPERVISOR	DATE (YYYY-MM-DD)
	PROPOSED SUPERVISOR	DATE (YYYY-MM-DD)

NONCOMPETITIVE ACQUISITION JUSTIFICATION

A. SUPPLIES/SERVICES CAN BE OBTAINED FROM ONLY ONE SOURCE BECAUSE: <i>(Non-complex requirement)</i>	
	THE ITEM IS A SPECIFIC ITEM WHICH CAN BE OBTAINED ONLY FROM THE MANUFACTURER; THERE ARE NO KNOWN DEALERS OR DISTRIBUTORS <i>(Does not apply to services)</i>
	SPECIFIC ITEM(S)/SOLE SOURCE CERTIFICATION, WITH APPROPRIATE SUPPORTING DOCUMENTATION HAS BEEN FURNISHED BY THE REQUIRING ELEMENT
	THE GOVERNMENT'S MINIMUM NEEDS CAN BE SATISFIED ONLY BY ITEMS OR SERVICES WHICH ARE UNIQUE
	ONLY KNOWN SOURCE WITH REQUIRED EXPERTISE
	TIME IS OF THE ESSENCE AND ONLY ONE KNOWN SOURCE CAN MEET THE GOVERNMENT'S NEED WITHIN THE REQUIRED TIME FRAME
	DATA IS UNAVAILABLE FOR COMPETITIVE SOLICITATION
	ONLY ONE SOURCE CAN PROVIDE ITEM(S)/SERVICES WHICH IS/ARE INTERCHANGEABLE WITH EQUIPMENT AND/OR SOFTWARE
	ORDER(S) AGAINST MANDATORY NONCOMPETITIVE GSA CONTRACT
	OTHER <i>(Explanation required)</i>

B. SOLE PROPOSAL OBTAINED AFTER SOLICITING QUALIFIED SUPPLIERS OF THE ITEM(S)/SERVICES AND THERE IS NO FURTHER SOLICITATION ANTICIPATED BECAUSE THE PRICE HAS BEEN DETERMINED TO BE FAIR AND REASONABLE AND: <i>(Check appropriate block(s))</i>	
	COMPLEXITY OF AWARD INVOLVED
	TIME IS OF THE ESSENCE
	AMOUNT OF MONEY INVOLVED
	OTHER <i>(Explanation required)</i>

BASED ON THE ABOVE, IT IS DETERMINED TO NEGOTIATE THIS REQUIREMENT ON A NON-COMPETITIVE BASIS.

CONTRACTING OFFICER SIGNATURE

DATE

FORM J2625A REV MAR 81 *(Supersedes J2625A JUN 76 which is obsolete)*

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

Privacy Act Statement: Authority for collecting info requested on this form is contained in 50 U.S.C. 402 note; 5 U.S.C. 5923; and EO 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 information. Auth for requesting your SSN is EO 9397. Info you provide will be used to verify your claim for reimbursement of expenses associated with non-commercial lodging. Disc of requested info, including your SSN, is voluntary. However, failure to furnish requested info, other than 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.

NON-COMMERCIAL FACILITIES RECEIPT

(Supplemental to TQSA / TQSE / FTA Claim)

NOTE: The additional costs that your host incurs as a result of you and/or members of your family residing at their private residence are reimbursable to you provided that you are otherwise eligible for TQSE or FTA. Items considered as proper costs for reimbursement include but are not limited to the following:

- (1) Increased utilities as a result of your stay. Reimbursement is only appropriate to the extent that the host's expenses are increased.
- (2) Hire of help that would not otherwise have been hired.
- (3) Rental costs of additional furniture.
- (4) Increased cost of groceries the host incurred as a result of your stay.
- (5) Value of extra work performed by host. i.e., preparation of all meals.

Each element of cost must be developed in a logical manner and a statement outlining that logic must be attached.
Example:

- A. "I reimbursed my host \$150 for groceries prepared in their home during my 10 day stay. My average monthly grocery bill is \$330/mo or \$11/day. Therefore, the reasonable cost of the groceries consumed in 10 days was 10 x \$11 or \$110."
- B. "I reimbursed my host for increased utilities cost during my stay in April 2001. The utility bill for April 2000 was \$120. The April 2001 bill was \$150. While \$15 resulted from increases in the cost of utilities, the remaining \$15 reflects the increased use of utilities by my family and me during our stay."

Expenses for non-commercial facilities must meet criteria: (1) the costs must be reasonable and (2) this must reflect expenses actually received as a direct result of the employee's dependents' stay.

EXPENSE RECEIPT (To be completed by Host)		
EMPLOYEE'S NAME (Last)	(First)	(MI)
HOST'S RESIDENCE (Address)		AMOUNT RECEIVED \$
		PERIOD (Inclusive Dates)
ABOVE AMOUNT BASED UPON	AMOUNT	SIGNATURE
UTILITIES		
FURNITURE RENTAL		
GROCERIES		
OTHER (Specify)		
		DATE
TOTALS		

FORM F8550A REV JAN 2001 (Supersedes F8550A REV OCT 90 which is obsolete)

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

DOCID: 3114733
NON-FEDERAL SOURCES TRAVEL BENEFITS ACCEPTANCE REQUEST

INSTRUCTIONS

Section 1353 of Title 31, United States Code, permits non-Federal sources, such as organizations, associations, or businesses, to pay the Government for the expenses of transportation, accommodations, and meals for Government employees (and accompanying spouse, as appropriate) to attend meetings and similar functions such as conferences in their official capacities.

Before payments for travel may be accepted from a non-Federal source, the employee's supervisor must make the following determinations:

- Payment is for attendance at a meeting or similar function. Travel to serve on selection boards or review panels, or to grade exams does not qualify. This regulation excludes events required to carry out NSA's statutory and regulatory functions, such as inspections, audits, site visits, or negotiations. It also excludes promotional vendor training or other meetings for the primary purpose of marketing the non-Federal source's products or services.
- Payment is for travel related to the employee's official duties. (The employee must be in a travel status. The travel is primarily to meet a Government responsibility or otherwise for the benefit of the Government, not the organization paying for it.)
- Payment is from a non-Federal source that is not a conflicting source, which is one that has interests that may be substantially affected by the performance or non-performance of the employee's duties. If the payment is from a conflicting source, contact the Standards of Conduct Office (SOCO).

Benefits in kind (e.g. plane tickets, prepaid hotel reservations) are preferred. Cash may **NOT** be accepted by NSA employees. If benefits are provided by reimbursement of expenses, checks must be made out by the non-Federal source to the U.S. Treasury or NSA, **NOT** to the employee.

Prior to your travel, you must complete Part I of this form, acquire your supervisor's signature and return to SOCO to obtain approval for travel benefit acceptance.

After the travel has been completed, you must complete Part II of this form and return to SOCO.

SOCO can be reached on 963-6786s/(301) 688-2752b in Room 2A0266, Ops 2A, Suite 6205 or at 'soco@nsa.'

PART I - SUBMIT FOR APPROVAL BEFORE TRAVEL

EMPLOYEE NAME (Last)	(First)	(MI)	ORGANIZATION	PHONE (Secure)	(Non-Secure)
----------------------	---------	------	--------------	----------------	--------------

POSITION/DUTIES

EVENT (Name)	(Sponsor)	(Date: YYYY-MM-DD)
--------------	-----------	--------------------

TRAVEL DATES (YYYY-MM-DD)	EVENT LOCATION
---------------------------	----------------

NON-FEDERAL SOURCE(S) OF TRAVEL BENEFITS

NATURE OF PARTICIPATION IN EVENT	SPECIFIC EXPENSES TO BE PAID
----------------------------------	------------------------------

EMPLOYEE'S SIGNATURE	DATE (YYYY-MM-DD)
----------------------	-------------------

SUPERVISOR'S APPROVAL Acceptance of these travel benefits would not cause a reasonable person with knowledge of all the relevant facts to question the integrity of the NSA's program or operation. I have considered any impact the performance or non-performance of the DoD employee's official duties might have on the non-Federal source.	PRINTED NAME (Last)	(First)	(MI)
	SIGNATURE		DATE (YYYY-MM-DD)
STANDARDS OF CONDUCT OFFICE APPROVAL I have reviewed the above information and I approve acceptance of travel benefits from the non-Federal source(s) named above.	SIGNATURE		DATE (YYYY-MM-DD)

PART II - SUBMIT AFTER TRAVEL HAS BEEN COMPLETED

SPECIFIC EXPENSES PAID AND NATURE OF PAYMENT (Check or in-kind payment)	TOTAL VALUE OF BENEFITS RECEIVED
---	----------------------------------

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

EMPLOYEE'S SIGNATURE	DATE (YYYY-MM-DD)
----------------------	-------------------

NOTICE OF REVISION (NOR)		1. DATE (YYYYMMDD)	Form Approved OMB No. 0704-0188
THIS REVISION DESCRIBED BELOW HAS BEEN AUTHORIZED FOR THE DOCUMENT LISTED			
<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 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.</p> <p>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 THIS FORM.</p>		2. PROCURING ACTIVITY NO.	
		3. DODAAC	
4. ORIGINATOR	b. ADDRESS (Street, City, State, Zip Code)	5. CAGE CODE	6. NOR NO.
a. TYPED NAME (First, Middle Initial, Last)		7. CAGE CODE	8. DOCUMENT NO.
9. TITLE OF DOCUMENT	10. REVISION LETTER		11. ECP NO.
	a. CURRENT	b. NEW	
12. CONFIGURATION ITEM (OR SYSTEM) TO WHICH ECP APPLIES			
13. DESCRIPTION OF REVISION			
14. THIS SECTION FOR GOVERNMENT USE ONLY			
a. (X one)	<input type="checkbox"/> (1) Existing document supplemented by this NOR may be used in manufacture. <input type="checkbox"/> (2) Revised document must be received before manufacturer may incorporate this change <input type="checkbox"/> (3) Custodian of master document shall make above revision and furnish revised document.		
b. ACTIVITY AUTHORIZED TO APPROVE CHANGE FOR GOVERNMENT		c. TYPED NAME (First, Middle Initial, Last)	
d. TITLE	e. SIGNATURE	f. DATE SIGNED (YYYYMMDD)	
15.a. ACTIVITY ACCOMPLISHING REVISION	b. REVISION COMPLETED (Signature)	c. DATE SIGNED (YYYYMMDD)	

NATIONAL SECURITY AGENCY

Ft. George G. Meade, Maryland



[illegible]

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

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

NSA/CSS CIR. NO.

DATE:



NSA/CSS CIRCULAR

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

**NATIONAL SECURITY AGENCY
CENTRAL SECURITY SERVICE**



A9585A.3-79

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

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

NSA/CSS DIR. NO.

DATE:



NSA/CSS DIRECTIVE

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

NSA/CSS REG. NO

DATE:



NSA/CSS REGULATION

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 40 U.S.C. 316 and 50 U.S.C. 402 note, NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) as well as the specific uses enumerated in GNSA01, GNSA03, GNSA07 and GNSA10 apply to this information. The requested information you provide may be used for reporting purposes to Agency organizations, the National Crime Information Center, and other police agencies. There is no current requirement or penalty for failing to provide the requested information.

SECURITY CLASSIFICATION (if any)

NATIONAL SECURITY AGENCY POLICE INCIDENT REPORT

OTHER REPORTS (Circle)			TYPE OF INCIDENT XXXXXXX		CASE NUMBER			CRIME ANAL.		
ARREST PROPERTY CONTINUATION					LINKED CASE NUMBER			1.		
ACCIDENT SPECIAL OTHER					DATE/TIME OCCURRED XX/XX/XXXX XXXX			XXX		
LOCATION OF INCIDENT XXXXXXXXXXXXXXXXXXXX					DATE/TIME REPORTED XX/XX/XXXX XXXX			2.		
SUMMARY OF INCIDENT XXXXXXXXXXXXXXXXXXXX								XXX		
PERSONS					V - Victim R - Reporting Person		W - Witness I - Informant Only		3.	
CODE XX	NAME (Last) XXXXXXX	(First) XXXXXX	(Middle) XXXX	RACE	SEX	DOB X/XX/XX	XXX			
S/A LOI	ADDRESS XXXXXXX	CITY XXXXXXXXXX	STATE XX	ZIP XXXX	HOME PHONE (XXX) XXX-XXXX			4.		
PLACE OF EMPLOYMENT XXXXXXXXXXXXXXXXXXXX					OTHER PHONE (XXX) XXX-XXXX			XXX		
CODE XX	NAME (Last) <<< N/A IN CODE IF NOT USED	(First)	(Middle)	RACE	SEX	DOB	5.			
ADDRESS		CITY	STATE	ZIP	PHONE			XXX		
A - ARREST S - SUSPECT F - FIELD OBSERVATION				MORE NAMES IN DETAILS? <input type="checkbox"/> YES <input type="checkbox"/> NO				6.		
CODE XX	NAME (Last) <<< N/A IN CODE IF NOT USED	(First)	(Middle)	RACE	SEX	DOB	XXX			
ADDRESS		CITY	STATE	ZIP	PHONE			7.		
HEIGHT	WEIGHT	EYES	HAIR	OTHER DESCRIPTION, PHYSICAL APPEARANCE/DESCRIPTION OF WEAPON						
VEHICLE				S - Stolen R - Recovered		I - Impound U - Unauthorized Use		W - Wanted O - Other		
OWNER	NAME (Last) XXXXXXX	(First)	(Middle)	RACE	SEX	DOB	8.			
S/A V	ADDRESS	CITY	STATE	ZIP	PHONE			9.		
OWNER NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE	TIME	INSURANCE COMPANY						
CODE XX	YR. MAN. XXXX	MAKE AND MODEL XXXXX	STYLE XXXX	COLOR XXXX	LICENSE NUMBER XXXXXXXXXX	STATE XX	MONTH/YEAR EXP. DATE	10.		
VIN XXXXXXXXXXXXXXXXXXXX				REMARKS XXXXXXXXXXXXXXXXXXXX						
MILEAGE XXXXXXXXXX		KEYS IN IGNITION? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAY VEHICLE BE RELEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO		11.				
VALUE		IF RECOVERED, JURISDICTION STOLEN FROM:		CITY	COUNTY	STATE	000			
TOWED BY XXXXXXXXXXXXXXXXXXXX			LOCATION TOWED TO XXXXXXXXXXXXXXXXXXXX							
PANEL ROOM NOTIFIED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE XX/XX/XXXX	TIME XXXX	SDO NOTIFIED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE XX/X/XXXX	TIME XXXX	12.		
CLERK I.D. XXX (COM CTR.)		POST C.C.	ZONE F.M.C.	CONTINUED ON NEXT PAGE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PAGE XX	OF XX	000		
REPORTING OFFICER OFFICER XXXXXXXX			I.D. XXXX	APPROVAL LT. XXXXXXXX			I.D. XXXX	CASE STAT.		

SECURITY CLASSIFICATION (if any)

DATE
XX/XX/XXXX

CASE CONTROL NUMBER

NARRATIVE

1. WHERE DISPATCHED?(LOCATION)
2. WHO WAS AT SCENE: SUSPECT OR PERSON THE REPORT IS ABOUT, NAME, D.O.B., SOCIAL SECURITY NUMBER, DRIVERS LICENSE, NATIONALITY IF APPROPRIATE.
3. VEHICLE DRIVEN: DISCRIPTION, TAG (AND EXPIRATION DATE ON TAG STICKERS), V.I.N.. (VEHICLE IDENTIFICATION NUMBER). NAME OF PERSON WHO OWNS THE VEHICLE IF NOT THE DRIVER.
4. RUN N.C.I.C ON PERSONNEL AND VEHICLE.
5. WHAT HAPPENED: DETAILED DISCRIPTION OF THE INCIDENT. **ANSWER THESE QUESTIONS: WHO. WHAT. WHERE. WHEN. HOW. AND WHY (IF KNOWN). WHAT ACTION WAS TAKEN.**
6. WHO WAS AT THE SCENE, LIST ALL SUPERVISORS, OFFICERS, M.P. PERSONNEL (RANK & NAMES), S.O.C., F.C.C. PERSONNEL, AND S.A.R.U., ETC.
7. WHAT TIME SECURED.(AT THE END OF THE NARATIVE WRITE: END OF REPORT).
8. IF PHOTOGRAPHS ARE TAKEN: ON THE PHOTO WRITE THE NAME OF OFFICER TAKING THE PHOTOGRAPH, THE DATE, TIME, AND WHAT THE INCIDET WAS.(IN CASE THE PHOTOS BECOME SEPARATED THEY CAN BE IDENTIFIED AND REATTACHED TO THE REPORT).
9. USE SPELL CHECK AND MAKE SURE THE SPELLING AND PUNCUATION ARE CORRECT.

ATTACH ORIGINAL OF N.C.I.C. AND ALL PERTINENT PAPERWORK TO ORIGINAL AND COPIES. (ORIGINAL PLUS 2 COPIES, ONE FOR OFFICE RECORDS AND ONE FOR SHIFT RECORDS). ATTACH COPY OF YOUR NOTES,(WHICH YOU MADE AT THER SCENE OF THE INCIDENT) TO THE SHIFT COPY OF THE REPORT.

YOU CAN NEVER HAVE TOO MUCH INFORMATION IN THE REPORT. BE DETAIED ON THE INFORMATION THAT IS WRITTEN. WRITE IT SO THE PERSON WHO IS READING THE REPORT CAN VISUALIZE THE SCENE !!!!!!!

TIME (Dispatched)	(Arrived)	(Secured)	(Returned to Duty)	NUMBER SPOs RESPONDED
XXXX	XXXX	XXXX	XXXX	XX
REPORTING OFFICER OFFICER XXXXXXXXXXXX			ID NUMBER XXXX	
FORM G4045 REV SEP 2001 (Supersedes G4045 REV APR 89 which is obsolete) - Page 2			SECURITY CLASSIFICATION (if any)	

PROTECTIVE SERVICES DIVISION PROPERTY RECEIPT

CCN (if appropriate)

☐

EVIDENCE

☐

FOUND PROPERTY

☐

CONFISCATED FOR SAFEKEEPING

RECEIVED FROM (Please Print)

RECEIVED BY (Please Print)

NAME

TELEPHONE

NAME

TELEPHONE

ADDRESS/ ORGANIZATION

ADDRESS / ORGANIZATION

DATE/TIME OBTAINED

LOCATION FOUND/SEIZED

REASON

ITEM
NO.

QUANTITY

DESCRIPTION OF PROPERTY

01

02

03

04

05

06

07

08

09

10

11

12

13

I hereby acknowledge that the above list represents
all property taken from my possession and that I have
been offered a copy of this receipt.

SIGNATURE

I hereby acknowledge that the above list represents
all property received by me in the official performance
of my duties as a Security Protective Officer.

SIGNATURE

ID #

WITNESS (if indicated)

ID #

CHAIN OF CUSTODY

RECEIVED BY

PURPOSE

RECEIVED

DATE

TIME

SECURITY CLASSIFICATION

NSA STAFF PROCESSING FORM

TO	EXREG CONTROL NUMBER	KCC CONTROL NUMBER
THRU	ACTION <input type="checkbox"/> APPROVAL <input type="checkbox"/> SIGNATURE <input type="checkbox"/> INFORMATION	EXREG SUSPENSE
SUBJECT		KCC SUSPENSE
		ELEMENT SUSPENSE
DISTRIBUTION		
SUMMARY		

COORDINATION/APPROVAL

OFFICE	NAME AND DATE	SECURE PHONE	OFFICE	NAME AND DATE	SECURE PHONE

ORIGINATOR	ORG.	PHONE (Secure)	DATE PREPARED
------------	------	----------------	---------------

FORM A6796 REV NOV 95
(Supersedes A6796 FEB 94
which is obsolete)
NSN: 7540-FM-001-5465

Derived From:
Declassify On:

SECURITY CLASSIFICATION

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

HOW TO USE THE NSA STAFF PROCESSING FORM

- Open the file **A6796** from the **OA-Templates** directory.
- The following items are optional; use as appropriate.
- **PURPOSE:** Write a clear, brief statement of the purpose of the paper. It should not be "To obtain the Director's signature of the attached ...", but rather "To respond to a request for information from ...", or "To establish a position on ..."
- **BACKGROUND:** Lay out how the action has developed to date; summarize key references and make sure they are attached and tabbed. Do not provide a chronological listing of events but do provide insight as to why events have occurred and their significance.
- **DISCUSSION:** Provide an analysis of the alternatives and issues; build a case for your recommendations. Identify unresolved nonconcurrences, or other agencies' positions, if any, and give consideration to the dissenting views. For complex matters, break them into parts and address them separately.
- **RECOMMENDATION:** Recommend what the decisionmaker should do and how it should be done. If decisions are required other than those that will be reflected by signature of the document, lay them out so that the reader need only indicate by an initial what he/she wants you to do. Focus on the substance, not the process.
- This form must accompany all written correspondence for the Directorate. You may use it in lieu of an internal memorandum.
- Restrict the summary to one page, if possible; if you can't, use plain bond paper for an additional page.
- Attach desk notes only if they reflect new information not found elsewhere in the package, or if they support a personal opinion/preference of senior management.
- Ensure that a Key Component Chief or Deputy approves all Form A6796's being forwarded to the Directorate.

SECURITY CLASSIFICATION (if any)

NSA TV CENTER PROPOSAL

WORKING TITLE			PROJECT NUMBER PN		
PRODUCER (Last)	(First)	(MI)	CUSTOMER (Last)	(First)	(MI)

1. PROJECT OVERVIEW (Describe the origin and evolution of the requirement. State how video will meet the needs of the requirement.)

2. PURPOSE (Describe the goal of the production. Include the "call to action".)

3. DESCRIBE AUDIENCE (Primary, i.e., NSA Internal Senior Leadership)

(Secondary, i.e., Congress, officials within the Intelligence Community)

4. DESCRIBE HOW THE SHOW WILL BE USED (Where will it be seen and how often it will be used?)

5. PRODUCTION DESCRIPTION (Describe the video "concept", i.e., dramatization, documentary, Cascom-based, etc. Include detail on requirements such as TDY, professional talent, new sets, etc. Provide enough detail to justify resources as well as satisfy the requirement.) **NOTE: The NSA TV Center will make changes ONLY when necessary to conform to the original assignment as described below. Any other changes COULD DELAY PRODUCTION and will ONLY be made with approval of the TV Center Chief.**

6. LENGTH (Approximately)

7. COMPLETION DATE (YYYY-MM-DD)

8. TIMELINE (Indicate no. of days required for each production activity)	PRE-PRODUCTION (Research)		(Securing add'l resources: stock footage, graphics, etc.)	(Draft script/treatment)	(Finalize script/treatment)	(Site surveys)
	PRODUCTION (Remotes)		(Studio)	(Log Footage)	POST-PRODUCTION (Edit)	
						(Audio Mix)

9. SCHEDULE (After completing Steps 1-8, discuss proposal with TV Center Chief. Chief will review proposal and assign resources. Include proposed "ScheduALL" dates here.)

10. WORK ROLES/RESPONSIBILITIES (Define the responsibilities (producer and technical advisor/customer). Assign responsibilities: payment for TDYs, negotiating with other offices, clearing unclassified videos through PAO, submitting for classification review, etc.)

11. BUDGET JUSTIFICATION (if required)

SECURITY CLASSIFICATION (if any)

PROJECT NUMBER

PN

NSA TV CENTER PROPOSAL (Continued)**ACCEPTANCE OF PROPOSAL**

(The below signatures represent acceptance of these terms)

NSA TV CENTER CHIEF (Printed Name) (Last)	(First)	(MI)	DATE (YYYY-MM-DD)
PRODUCER (Printed Name) (Last)	(First)	(MI)	DATE (YYYY-MM-DD)
FINAL APPROVING AUTHORITY (Printed Name) (Last)	(First)	(MI)	DATE (YYYY-MM-DD)

SCRIPT APPROVAL/PRODUCTION AUTHORIZATION

I acknowledge I have read and understand the script/treatment, and hereby authorize the NSA Television Center to begin production. I understand that changes to this script during the production process could result in delays and increased costs. The NSA TV Center will authorize only those changes it deems necessary to conform to the approved script.

PRINTED NAME (Last)		(First)	(MI)
ORG	DATE (YYYY-MM-DD)		
SIGNATURE			

CUSTOMER ACCEPTANCE

I acknowledge that the television production is complete and meets with my approval. Release of this video external to NSA requires prior approval from the PAO in coordination with the NSA Television Center. Duplication of this video requires a separate E-mail request to lapedupe@nsa. Customer will purchase and supply blank tapes equal to or greater than a quantity of four. I have received a customer survey form to be returned to the Chief, NSA Television Center.

PRINTED NAME (Last)		(First)	(MI)
ORG	DATE (YYYY-MM-DD)		
SIGNATURE			

COMMENTS

SECURITY CLASSIFICATION (if any)

NSA VEHICLE HAND RECEIPT

As a hand receipt holder of an NSA vehicle, there are a number of items for which you are accountable that require readdressing and highlighting for your information and protection.

It is your responsibility to ensure that the drivers of Agency vehicles assigned to your element are fully competent, licensed, and understand and comply with the rules as stated.

1. Keep a log of who is driving the vehicle at all times. This is required to determine who is responsible for the vehicle in case of an accident, parking ticket, etc. If this log is not kept and the responsible person cannot be determined, the hand receipt holder shall be held responsible.
2. The Equipment Daily Log (Form K4874) shall be completed daily and returned to the Motor Pool on the first day of the month.
3. Perform daily maintenance by checking fluid levels, tires, etc. This is not only a safety feature but could prevent the development of major damage in vehicles.
4. Coordinate with the Motor Pool for scheduled maintenance and/or vehicle breakdown or deficiencies. Scheduled maintenance is normally done every six months or 7500 miles.
5. NSA vehicles are to be used only for official purposes at all times. The unauthorized use of an NSA owned, leased or otherwise controlled vehicle may result in adverse personnel actions. Furthermore, employees using or improperly authorizing home-to-work transportation shall be suspended, without pay, for at least one month, and when circumstances warrant, suspension will be for a longer period or the employee may be summarily removed from the office.

A copy of the "Guide to the Use of NSA Vehicles" is available on the Transportation Home Page at:

<http://magicwind.eis.nsa/transportation/policy.html>

Any questions may be addressed to LL213, 688-7520(b) or 963-6505(s).

Additionally, you are responsible for notifying LL213 prior to changing jobs or retiring. This action will remove you from accountability. You will also be asked to identify the person who will be assuming accountability for this vehicle (if known).

VEHICLE INFORMATION

VEHICLE YEAR	MAKE	MODEL	
V.I.N.	NSA ID NUMBER	ADMIN NUMBER	TAG NUMBER

I acknowledge that I understand the information provided above, and have read and fully understand the "Guide to the Use of NSA Vehicles."

RECEIVED BY (Please Print)	ORGANIZATION	PHONE NUMBER (Secure)	(Non-Secure)
SIGNATURE			DATE

DOC ID: A5114756 OCCUPATIONAL FAMILY AND PERSONAL HEALTH HISTORY QUESTIONNAIRE

PRIVACY ACT STATEMENT: You are hereby advised that authority for requesting medical history, to include chemical and biological exposure and medical records, is 5 U.S.C. Section 7901 and P.L. 85-36. This information will be used to determine whether you have any specific occupational health requirements and whether you have a need for medical surveillance/screening. The disclosure of information is voluntary. However, your failure to provide the information will result in the above determinations being made without complete information. The system of records in which these records will be maintained is NSA/CSS System of Records Number 6, Health, Medical and Safety Files. Routine Uses of this information may be found at 50 Fed. Reg. 22,584 (1984). Your signature below * indicates you have read and understand the above.

INSTRUCTIONS

Completion of this form will update the last history form that you completed for occupational health purposes. Answer all questions by checking "YES" or "NO" and give specific information when asked.

PART II - PERIODIC UPDATE

NAME (Last)	(First)	(Middle Initial)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SOCIAL SECURITY NUMBER	DATE OF BIRTH (Year, Mo., De)
PERSONAL PHYSICIAN OR HOSPITAL OR CLINIC (Name and Address)					TODAY'S DATE (Year, Mo., De)

QUESTION	YES	NO	QUESTION	YES	NO
1. SINCE YOUR LAST HISTORY, DID YOUR JOB CHANGE? (IF YES, LIST NEW JOB TITLE, HEALTH HAZARDS EXPOSED TO AND TYPE OF PROTECTION WORK.)			8. SINCE YOUR LAST HISTORY, DID YOU/YOUR SPOUSE HAVE A BABY? (IF YES, GIVE MO/YEAR OF BIRTH)		
			9. ARE YOU/YOUR SPOUSE NOW PREGNANT?		
			10. SINCE YOUR LAST HISTORY, HAVE YOU/YOUR SPOUSE TRIED TO HAVE A BABY BUT HAVE BEEN UNABLE TO?		
2. SINCE YOUR LAST HISTORY, HAVE YOU HAD A WORK-RELATED ILLNESS OR INJURY THAT RESULTED IN MORE THAN ONE DAY LOST FROM WORK?			11. SINCE YOUR LAST HISTORY, DID ANY PREGNANCY RESULT IN A MISCARRIAGE OR STILLBIRTH? (IF YES, GIVE MO/YEAR)?		
3. SINCE YOUR LAST HISTORY, HAVE YOU RECEIVED COMPENSATION FOR A WORK-RELATED ILLNESS OR INJURY?			12. SINCE YOUR LAST HISTORY, HAS THERE BEEN A CHANGE IN YOUR TOBACCO SMOKING (STOP/START/MORE/LESS)?		
4. SINCE YOUR LAST HISTORY, HAVE YOU BEEN LIMITED IN YOUR WORK FOR HEALTH REASONS?			13. SINCE YOUR LAST HISTORY, HAS THERE BEEN A CHANGE IN YOUR ALCOHOLIC BEVERAGES (STOP/START/MORE/LESS)?		
5. SINCE YOUR LAST HISTORY, HAVE YOU HAD A WORK-RELATED EXPERIENCE WHICH YOU BELIEVE MAY HAVE AFFECTED YOUR HEALTH OR THE HEALTH OF FELLOW WORKERS?			14. SINCE YOUR LAST HISTORY, HAVE ANY OF YOUR BLOOD RELATIVES (MOTHER, FATHER, SISTER, BROTHER, GRANDPARENTS, AUNT, UNCLE, CHILDREN) DEVELOPED A DISEASE OR CONDITION NOT PREVIOUSLY KNOWN?		
6. SINCE YOUR LAST HISTORY, HAVE YOU EXPERIENCED DIFFICULTY WEARING YOUR PROTECTIVE CLOTHING OR EQUIPMENT?			HEALTH CARE PROVIDER COMMENTS (Use reverse if necessary)		
7. SINCE YOUR LAST HISTORY, HAS/HAVE YOUR HOBBY/HOBBIES CHANGED? (IF YES, PLEASE LIST CURRENT HOBBIES.)					

*EMPLOYEE'S SIGNATURE

HEALTH CARE PROVIDER'S SIGNATURE

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

SAMPLE

PRIVACY ACT STATEMENT: Authority for collecting info requested on this form is contained in 50 U.S.C. Section 402 note and E.O. 12333, 12958, and 12968. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA01, GNSA09, and GNSA10 apply to this info. Auth for requesting your SSN is E.O. 9397. Info you provide will be used to verify an individual's courier status for security processing. Disc of requested info, including your SSN, is voluntary. However, failure to furnish requested info, other than your SSN, may result in denial/revocation of courier status.

OFFICIAL COURIER BRIEFING

NAME		IF MILITARY, GIVE RANK AND BRANCH	
SSN	ORGANIZATION	PHONE NUMBER (Secure)	(Non-Secure)
SPECIFIC DESTINATION (Contractor facility, field site, Government department)			DEPARTURE DATE
HIGHEST CLASSIFICATION OF MATERIAL			
<input type="checkbox"/> CONFIDENTIAL	<input type="checkbox"/> SECRET	<input type="checkbox"/> TOP SECRET	<input type="checkbox"/> NON-SCI <input type="checkbox"/> SCI
MODE OF TRAVEL			
<input type="checkbox"/> POV	<input type="checkbox"/> MILITARY AIRCRAFT	<input type="checkbox"/> GOVERNMENT VEHICLE WITH CHAUFFEUR	<input type="checkbox"/> COMPANY VEHICLE
<input type="checkbox"/> COMMERCIAL AIRCRAFT	<input type="checkbox"/> COMPANY AIRCRAFT	<input type="checkbox"/> GOVERNMENT VEHICLE	<input type="checkbox"/> OTHER (Specify)
ACCOMPANIED BY			BRIEFING DATE

I have received a courier briefing and fully understand the duties and responsibilities for the material with which I am entrusted.

I agree to abide by the procedures as provided to me in the briefing and the following points:

- Each courier trip requires specific approval by the appropriate management level or designee within an Associate or Principal Directorate.
- Couriers must be briefed once every two years, or if a change in the method of transporting the materials occurs.
- When acting as a courier in the local Baltimore, MD/Washington, DC metropolitan area, the transmitting office must be notified prior to departure and upon arrival. The Support Services Operation Center (SSOC), (301) 688-6911, must be provided with the exact itinerary and notified prior to departure and upon arrival when handcarrying materials outside of the local area.
- If materials cannot be handcarried onto aircraft due to size and/or weight limitations, prior arrangements should be made with the airline carrier.
- A detailed inventory of all material must be completed. A copy must be enclosed in the package and a copy retained in the transmitting office.
- The package must be wrapped in accordance with security requirements. Transmittal forms must accompany the package.
- Couriers will travel directly from the sending facility to the destination. When there is a need to store a package during transit, it must be stored in an appropriately secure facility in an approved secure container. Material is not to be stored in a motel room, home, depot locker, hotel safe, locked car or other such unapproved container or facility.
- Couriers will maintain visual and physical possession of the material at all times during transit. It will not be left unattended at any time.
- Couriers will not consume alcoholic beverages during the period of courier duty.
- Couriers must not allow the package to be opened in transit under any circumstances. If a problem develops with airport inspectors or customs officials, the courier will follow the appropriate procedures provided in NSA/CSS Regulation 123-2, Handcarrying Classified Material, Annex G.
- The material must be turned over only to the properly identified recipient and stored in an appropriately secure facility in an approved secure container. The courier will obtain a receipt for the package if the classified material will remain at the site.
- The Support Services Operation Center (SSOC) will be notified immediately of:
 - Any change of itinerary.
 - Any incidents related to the security of the material.
 - Loss of the material.
- Overseas Courier - Prior planning must include a message exchange by which the courier obtains the name and telephone number of the individual at the receiving field activity to contact in case of delay or emergency.

REMARKS

SIGNATURE (Courier)

(Briefer)

CIVILIAN WELFARE FUND

SPORT

OFFICIAL TEAM MEMBERSHIP ROSTER

YEAR

1. Names must be PRINTED. (Check CIV or MIL)
 2. Manager's name on LINE 1. Assistant Manager's name on LINE 2.
 3. Only players' names listed below are eligible to compete with this team.

TEAM NAME						
	CIV	MIL	PLAYER'S NAME	PHONE NUMBER		FORMER TEAM
				NON-SECURE	SECURE	
1.			MANAGER			
2.			ASSISTANT MANAGER			
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20.						
TEAM NAME				LEAGUE/DIVISION		

DOCID: 3114769 OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612

GENERAL INFORMATION

You may apply for most Federal jobs with a resume, the attached *Optional Application for Federal Employment* or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job. Type or print clearly in dark ink. Help speed the selection process by keeping your application brief and sending only the requested information. If essential to attach additional pages, include your name and Social Security Number on each page.

- For information on Federal employment, including job lists, alternative formats for persons with disabilities, and veterans' preference, call the U.S. Office of Personnel Management at 912-757-3000, TDD 912-744-2299, by computer modem 912-757-3100, or via the Internet (Telnet only) at FJOB.MAIL.OPM.GOV.
- 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. Veterans' preference is not a factor for Senior Executive Service jobs or when competition is limited to status candidates (current or former career or career-conditional Federal employees).
- Most Federal jobs require United States citizenship and also that males over age 18 born after December 31, 1959, have registered with the Selective Service System or have an exemption.
- 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.
- Send your application to the office announcing the vacancy. If you have questions, contact that office.

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

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 form 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 and 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 the 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 the employee about fitness-for-duty or agency-filed disability retirement procedures.

■ We estimate the public reporting burden for this collection 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 U.S. Office of Personnel Management, Reports and Forms Management Officer, Washington, DC 20415-0001.

■ Send your application to the agency announcing the vacancy.

OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612

You may apply for most jobs with a resume, this form, or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job.

1 Job title in announcement		2 Grade(s) applying for	3 Announcement number
4 Last name	First and middle names		5 Social Security Number
6 Mailing address			7 Phone numbers (include area code)
City	State	ZIP Code	Daytime () Evening ()

8 WORK EXPERIENCE

Describe your paid and nonpaid work experience related to the job for which you are applying. Do not attach job descriptions.

1) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary \$	per	Hours per week
Employer's name and address				Supervisor's name and phone number ()
Describe your duties and accomplishments				

2) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary \$	per	Hours per week
Employer's name and address				Supervisor's name and phone number ()
Describe your duties and accomplishments				

May we contact your current supervisor?

YES [] NO []

▶ If we need to contact your current supervisor before making an offer, we will contact you first.

EDUCATION

10 Mark highest level completed. Some HS [] HS/GED [] Associate [] Bachelor [] Master [] Doctoral []

11 Last high school (HS) or GED school. Give the school's name, city, State, ZIP Code (if known), and year diploma or GED received.

12 Colleges and universities attended. Do not attach a copy of your transcript unless requested.

	Name	City	State	ZIP Code	Total Credits Earned		Major(s)	Degree (if any)	Year Received
					Semester	Quarter			
1)									
2)									
3)									

OTHER QUALIFICATIONS

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

GENERAL

14 Are you a U.S. citizen? YES [] NO [] ▶ Give the country of your citizenship.

15 Do you claim veterans' preference? NO [] YES [] ▶ Mark your claim of 5 or 10 points below.
5 points [] ▶ Attach your DD 214 or other proof. 10 points [] ▶ Attach an Application for 10-Point Veterans' Preference (SF 15) and proof required.

16 Were you ever a Federal civilian employee? NO [] YES [] ▶ For highest civilian grade give: Series : Grade : From (MM/YY) : To (MM/YY)

17 Are you eligible for reinstatement based on career or career-conditional Federal status? NO [] YES [] ▶ If requested, attach SF 50 proof.

APPLICANT CERTIFICATION

18 I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application 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.

SIGNATURE

DATE SIGNED

FOUO ASEP FROM JAN 2000
NDS: 75-00-001-044

	INITIALS	DATE
1. TRANSCRIBED		
2. EDITED		
3. REVIEWED BY INTERVIEWEE AND CORRECTED		
4. COPIED TO CD		
5. FOIA REQUEST		
6. DECLASS SCRIPT SENT TO MUSEUM LIBRARY		
7. TAPE(S) SENT TO SMRC		
SKU # _____		

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

DOCID: 3114702 ORDER FOR SUPPLIES OR SERVICES (Contractor must submit four copies of invoice.)				Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF							
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 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 (0704-0187), Washington, DC 20503.													
PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.													
1. CONTRACT/PURCH ORDER NO.		2. DELIVERY ORDER NO.		3. DATE OF ORDER (YYMMDD)		4. REQUISITION/PURCH REQUEST NO.		5. PRIORITY					
6. ISSUED BY CODE			7. ADMINISTERED BY (If other than 6) CODE			8. DELIVERY FOB <input type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)							
9. CONTRACTOR CODE			FACILITY CODE			10. DELIVER TO FOB POINT BY (Date) (YYMMDD)		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED					
NAME AND ADDRESS						12. DISCOUNT TERMS		13. MAIL INVOICES TO					
14. SHIP TO CODE			15. PAYMENT WILL BE MADE BY CODE			MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER							
16. DELIVERY		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.						furnish the following on terms specified herein.					
PURCHASE		Reference your ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.											
TYPE OF ORDER		NAME OF CONTRACTOR SIGNATURE TYPED NAME AND TITLE DATE SIGNED (YYMMDD)											
<input type="checkbox"/>		If this box is marked, supplier must sign Acceptance and return the following number of copies.											
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE													
18. ITEM NO		19. SCHEDULE OF SUPPLIES/SERVICES				20. QUANTITY ORDERED/ACCEPTED*		21. UNIT		22. UNIT PRICE		23. AMOUNT	
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.						24. UNITED STATES OF AMERICA				25. TOTAL		29.	
BY:						CONTRACTING/ORDERING OFFICER				DIFFERENCES		30. INITIALS	
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED						27. SHIP NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO.		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR	
DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE						31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				34. CHECK NUMBER		35. BILL OF LADING NO.	
36. I certify this account is correct and proper for payment.						DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER							
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.			

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 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 (0704-0187), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.
SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.**

1. CONTRACT/PURCH ORDER NO.	2. DELIVERY ORDER NO.	3. DATE OF ORDER (YYMMDD)	4. REQUISITION/PURCH REQUEST NO.	5. PRIORITY
6. ISSUED BY MARYLAND PROCUREMENT OFFICE 9800 Savage Road Fort George G. Meade, MD 20755-6000 Buyer/Symbol: () Phone: 301/		7. ADMINISTERED BY (If other than 6) CODE		8. DELIVERY FOB <input type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)
9. CONTRACTOR NAME AND ADDRESS	CODE	FACILITY CODE	10. DELIVER TO FOB POINT BY (Date) (YYMMDD)	11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED
14. SHIP TO Trans. Officer, Sub-Trans. Office 9705 Samford Road, SAB 4, Door 3 Ft. George G. Meade, MD 20755-6000 REF: MDA904- (No Rail Siding Available)			15. PAYMENT WILL BE MADE BY Purchases - Accounts Payable Finance and Accounting Office P.O. Box 1685 Ft. George G. Meade, MD 20755-6000 (301) 859-6710	12. DISCOUNT TERMS 13. MAIL INVOICES TO ADDRESS SHOWN IN BLOCK 15

16. TYPE OF ORDER	DELIVERY	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.
	PURCHASE	Reference your _____ furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.

NAME OF CONTRACTOR	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYMMDD)
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies.			

17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
SHIPMENTS WILL ONLY BE ACCEPTED ON WEEK DAYS (EXCLUDING HOLIDAYS) BETWEEN 7:30AM AND 2:30 PM. NOTE: FULL TRAILER LOADS WILL BE ACCEPTED BY APPOINTMENT ONLY. 24 HOURS ADVANCE NOTICE IS REQUIRED. PHONE (301) 688-7173, FOR AN APPOINTMENT.					

* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.		24. UNITED STATES OF AMERICA		25. TOTAL
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED		27. SHIP NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		29. DIFFERENCES
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		28. D.O. VOUCHER NO.		30. INITIALS
36. I certify this account is correct and proper for payment.		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY
DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR
37. RECEIVED AT	38. RECEIVED BY (Print)	39. DATE RECEIVED (YYMMDD)	40. TOTAL CONTAINERS	34. CHECK NUMBER
			41. S/R ACCOUNT NUMBER	35. BILL OF LADING NO.
			42. S/R VOUCHER NO.	

SECURITY CLASSIFICATION (if any)

**OSHRep ACCREDITATION
PROGRAM APPLICATION**

NOTE: Verification of course completion may be required. Include all information that will assist S9 personnel and KCSHOs in determining your interests and abilities for serving as an Accredited OSHRep. Return this completed form with any other necessary information to your KCSHO.

PRIVACY ACT STATEMENT: Auth for collecting the requested info is contained in 10 U.S.C. 1601-1616; 29 U.S.C. 668; 50 U.S.C. 402 note and Executive Order 12333 NSA's Blanket Routine Uses found at Fed. Reg. 10.531 (1993) and the specific uses found in GNSA06 apply to this information. Auth for requesting our SSN is EO 9397. The info provided will be used (primarily) to evaluate the applicant's and program member's suitability for the OSHRep Accreditation Program. Disc of requested info, including SSN, is voluntary. However, failure to furnish info, other than your SSN, may result in the delay or preclusion of an applicant's or program member's consideration for the OSHRep Accreditation Program.

NAME (Last)		(First)	(MI)	SSN
JOB TITLE	ORG/UNIT	PHONE (Secure) (Non-Secure)	COMPLETE MAILING ADDRESS/BLDG/ ROOM NO./SUITE	DATE ASSIGNED AS OSHRep (YYYY-MM)
		E-MAIL ADDRESS		

SPECIFIC NCS COURSE(S) COMPLETED THAT RELATE TO SAFETY AND HEALTH (Use Reverse if necessary)

COURSE NUMBER	TITLE	DATE COMPLETED

HAVE YOU COMPLETED CD-100?	(If YES: Date Completed) (YYYY-MM-DD)	(Location)
<input type="checkbox"/> NO <input type="checkbox"/> YES		
HAVE YOU COMPLETED CD-200?	(If YES: Date Completed) (YYYY-MM-DD)	(Location)
<input type="checkbox"/> NO <input type="checkbox"/> YES		

IN THE PAST YEAR:

	YES	NO	IF YES: HOW MANY?	WHEN? (Provide dates) (YYYY-MM-DD)
HAVE YOU ATTENDED ANY QUARTERLY KCSHO MEETINGS?				
HAVE YOU CONDUCTED ANY SAFETY INSPECTIONS?				
ANY JOB HISTORY RELATED TO SAFETY AND HEALTH SERVICES				

PRIOR SAFETY AND HEALTH TRAINING OUTSIDE THE AGENCY (Please provide details/specifics of what, when, where, etc.; Use reverse if necessary.)

REMARKS (Use reverse if necessary)

SIGNATURE	KCSHO CONCURRENCE	DATE (YYYY-MM-DD)
	SUPERVISOR CONCURRENCE	DATE (YYYY-MM-DD)
	APPLICANT	DATE (YYYY-MM-DD)

SECURITY CLASSIFICATION (if any)

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

PACKING AND CRATING DAILY REPORT

DATE

ID

PRIORITY 02

VOUCHER NUMBER	L/I's	LOCATION	PIECES	WEIGHT	CUBIC FEET	VALUE
TOTALS						

PRIORITY 05

VOUCHER NUMBER	L/I's	LOCATION	PIECES	WEIGHT	CUBIC FEET	VALUE
TOTALS						

PRIORITY 12

VOUCHER NUMBER	L/I's	LOCATION	PIECES	WEIGHT	CUBIC FEET	VALUE
TOTALS						

PACKER'S SIGNATURE

PARKING PERMIT APPLICATION*** Senior Executive Use ONLY**☐**SENIOR EXECUTIVE**☐**EXECUTIVE**

RETURN COMPLETED FORM TO:

COMMUTER TRANSPORTATION CENTER LOCATIONS
 Ft. Meade Office - OPS 2A-VCC Room 101, 963-6452s / (301) 688-7565b
 FANX Office - FANX 3, Room B1104, (410) 854-6615b

CTC USE ONLY

*SPACE NUMBER	*GATE	*BUILDING
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PERMIT NUMBER

EXPIRATION DATE

Privacy Act Statement: Auth: 50 U.S.C. 402 note; 50 U.S.C. 797; 41 C.F.R. 101-20.104; and EO 12333. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA07 apply to this info. 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. Disc of requested 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.

PLEASE COMPLETE THE INFORMATION BELOW (*Senior Executive Use ONLY)

NAME (Last)	(First)	(MI)	PHONE (Secure)	(Non-Secure)	ORG
SOCIAL SECURITY NUMBER	SID	PARKING LOCATION	*BUILDING	*CURRENT SPACE NO. (if applicable)	

PROVIDE TAG / LICENSE PLATE NUMBER(S) OF ALL VEHICLES YOU PARK AT THE COMPLEX

STATE	VEHICLE / TAG NUMBER	STATE	VEHICLE / TAG NUMBER	STATE	VEHICLE / TAG NUMBER

CTC USE ONLY

SECURITY CLASSIFICATION (if any)

PARTICIPANT PLACEMENT REFERRAL

TO	FROM <input type="checkbox"/> JUNIOR OFFICER CRYPTOLOGIC CAREER PANEL (H128) <input type="checkbox"/> MIDDLE ENLISTED CRYPTOLOGIC CAREER ADVANCEMENT PROGRAM PANEL	DATE (YYYYMMDD)		
PARTICIPANT'S NAME (Last)	(First)	(MI)	DESIRED BEGINNING DATE (YYYYMMDD)	LENGTH OF ASSIGNMENT

PANEL OBJECTIVES FOR PARTICIPANT

PANEL EXECUTIVE SIGNATURE		PANEL SERVICE REPRESENTATIVE (Signature)	
TO <input type="checkbox"/> PANEL SERVICE REPRESENTATIVE <input type="checkbox"/> PANEL EXECUTIVE	FROM	DATE (YYYYMMDD)	
PROPOSED DUTIES AND PROJECTS			

ORGANIZATIONAL DESIGNATOR	IMMEDIATE SUPERVISOR (Last)	(First)	(MI)
SPECIAL CLEARANCES REQUIRED (Must be submitted by gaining element)			

REMARKS

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

PAYMENT OF CASH AWARD

TO: FINANCE AND ACCOUNTING OFFICE, DF2213	DATE
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<input type="checkbox"/> Civilian Personnel <input type="checkbox"/> Military Personnel	RETIREMENT SYSTEM: <input type="checkbox"/> Social Security (FERS, FICA, Offset) or <input type="checkbox"/> Civil Service (CSRS)
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In accordance with NSA/CSS Regulation 30-9, it is requested that the following check be issued:

NAME OF AWARD RECIPIENT (Last)	(First)	(MI)	GRADE OR RANK AND BRANCH OF SERVICE (if applicable)
SOCIAL SECURITY NUMBER	ASSIGNED ORGANIZATION	AMOUNT OF AWARD	

BASIS FOR CASH AWARD

- | | |
|---|--|
| ANS <input type="checkbox"/> SUGGESTION NO. _____ | SMA <input type="checkbox"/> SUPERIOR MANAGEMENT AWARD |
| SWP <input type="checkbox"/> SUSTAINED SUPERIOR WORK PERFORMANCE | STA <input type="checkbox"/> SUPERIOR TECHNICAL AWARD |
| SPC <input type="checkbox"/> SPECIAL PERFORMANCE CASH AWARD | TYA <input type="checkbox"/> TEACHER OF THE YEAR |
| SAA <input type="checkbox"/> SPECIAL ACT / SERVICE | STP <input type="checkbox"/> SENIOR TECHNICAL ACHIEVEMENT AWARDS |
| SCI <input type="checkbox"/> SCIENTIFIC ACHIEVEMENT - (Military Only) | SRA <input type="checkbox"/> SCE RANK AWARDS |
| IA <input type="checkbox"/> INVENTION NO. _____ | CTA <input type="checkbox"/> CRYPTOLOGIC LITERATURE |
| LF <input type="checkbox"/> INTERDEPARTMENTAL SUGGESTION (Civilian) | <input type="checkbox"/> OTHER (Specify type of award) _____ |
| LFM <input type="checkbox"/> INTERDEPARTMENTAL SUGGESTION (Military) | |

NAME OF APPROVING OFFICIAL	TITLE OF APPROVING OFFICIAL	FUNDING ORGANIZATION	COST CENTER CODE
----------------------------	-----------------------------	----------------------	------------------

DISPOSITION OF CHECK

- ☐
- Hold for pick-up by the below named individual:
- ☐
- Mail to:

NAME (Last, First, MI)	PHONE NUMBER
------------------------	--------------

COMPLETED BY (Signature)	TITLE
PHONE NUMBER	ORGANIZATION

cc: PAYROLL (Original)
ORIGINATOR

FOR EXTERNAL AWARD RECIPIENTS - ADDRESS REQUIRED FOR W-2 PURPOSES ONLY:

Please Print or Type!!
Use Reverse For Remarks

NAME (Last)		(First)	(Middle)	GRADE
OFFICE TO BE ASSIGNED	TELEPHONE		NUMERICAL DESIGNATOR OF FIELD ACTIVITY PREVIOUSLY ASSIGNED	
	(Secure)	(Non-Secure)		

INSTRUCTIONS

YES	NO	
		1. Are you aware of any physical security problem existing at the station to which you were assigned which has not been reported to station authorities?
		2. Are you aware of any anonymity problem not previously reported to station authorities?
		3. Were there security problems with personnel at the station that the authorities were not aware of?
		4. Did you develop any associations with foreign nationals outside the work environment which you consider close, continuing and characterized by ties of affection or obligation? (If yes, complete information below)
		5. Do you recall any unusual incidents which might have indicated an effort on the part of foreign intelligence services to target, entrap, cultivate or subvert you or other U.S. personnel?
		6. As a result of your experiences, do you have any suggestions as to how the Office of Security might improve the briefings provided to PCS and TDY personnel?
		7. Would you prefer to answer these questions in private to a security officer?

[illegible]

DATE OF RETURN

PRIVACY ACT STATEMENT: Auth: 5 USC 5701-5742, 10 USC 1805; 37 USC 404-427; GNSA09; NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) apply to this information. Authority for requesting SSN: E.O. 9397. Information will be used primarily to collect information necessary to issue travel orders, gather information to determine an employee's appropriate travel allowances/entitlements and to determine if any member of the employee's family requires special assistance while traveling. Disclosure of the information, including Social Security Number, is voluntary. Failure to furnish the requested information may affect allowance disbursements and travel entitlements for the employee and employee's dependents or delay processing the permanent change of station.

PCS PROCESSING DATA

NOMINEE'S NAME (Last) (First) (MI)		SSN	CURRENT ORG	PHONE
CURRENT SKILL COMMUNITY/WORK ROLE		PTC	VACANCY NUMBER OR DIRECT NOMINATION	
OVERSEAS ORG	POSITION	MISSION ELEMENT	REPLACEMENT FOR/RODA	
TOUR LENGTH	DEPARTURE DATE	SIGNATURE		
NEW SKILL COMMUNITY		NEW WORK ROLE	NEW PTC	

DEPENDENT INFORMATION

NAME (Last) (First) (MI)	SSN	RELATIONSHIP	DATE OF BIRTH (YYYYMMDD)	US CITIZEN	
				YES	NO

LOCAL ADDRESS AND TELEPHONE NUMBER

ARE ANY DEPENDENTS, ACCOMPANYING YOU, PHYSICALLY HANDICAPPED? <input type="checkbox"/> NO <input type="checkbox"/> YES (If YES, provide name(s))	TYPE HANDICAP	SPECIAL SCHOOLING REQUIRED <input type="checkbox"/> NO <input type="checkbox"/> YES (If YES, explain in Remarks below)	IF WIFE PREGNANT, GIVE CONFINEMENT DATE (YYYYMMDD)
---	---------------	---	--

CONTACT	IN CASE OF EMERGENCY (Name, address, relationship and telephone number)
	WHILE ON LEAVE (Name, address and telephone number)

TDY/DELAY ENROUTE (Number days)	PLACE
QUARTERS AUTHORIZED <input type="checkbox"/> LQA <input type="checkbox"/> DoD Leased <input type="checkbox"/> Other	SPONSOR
BOX NUMBER	
PETS <input type="checkbox"/> NO <input type="checkbox"/> YES (If Yes, list type and number of pets in Remarks)	WEAPONS <input type="checkbox"/> NO <input type="checkbox"/> YES
SPOUSAL ACCOMMODATIONS <input type="checkbox"/> NO <input type="checkbox"/> YES	

REMARKS

PEDIATRIC MEDICAL HISTORY QUESTIONNAIRE **(Birth to 18 Months)**

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.

CHILD'S NAME (Last)	(First)	(Middle)	DATE OF BIRTH (YYYY-MM-DD)	AGE	SEX <input type="checkbox"/> M <input type="checkbox"/> F
SOCIAL SECURITY NUMBER	ALLERGIES ("None", if no allergies)			BIRTH HISTORY	
MEDICATIONS ("None", if no medications)			WEIGHT	LENGTH	WEEKS GESTATION

LIST HOUSEHOLD MEMBERS	AGE	SEX	RELATION	AGE	SEX	RELATION
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> M <input type="checkbox"/> F	

PLEASE ANSWER THE FOLLOWING QUESTIONS (If YES, explain)	YES	NO	EXPLANATION
1. Do you have any concerns about your child's health?			
2. Are your child's shots up to date?			
3. Does your child have any medical problems?			
4. Has your child ever been admitted to the hospital?			
5. Has your child ever had surgery?			
6. Does your child have frequent crying spells?			
7. Does your child have frequent ear infections?			
8. Has your child ever broken a bone?			
9. Has your child ever had stitches?			
10. Does your child have any feeding problems? <input type="checkbox"/> Breast <input type="checkbox"/> Bottle			
11. Does your child seem to have regular bowel/bladder habits?			
12. Does your child follow a sleep schedule?			
13. Does your child get regular medical check-ups?			
14. Do you consider your child to be developmentally appropriate?			
15. Are there any significant health problems in your immediate family?			
16. Do you have any concerns regarding your child's interaction with you or others?			
17. Does your child require any special equipment? (hearing aid, tube feeding, etc.)			

PARENT OR GUARDIAN (Printed Name)	(Signature)	DATE
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PEDIATRIC MEDICAL QUESTIONNAIRE - Birth to 18 Months (Continued)

This Side To Be Completed By Medical Staff

CHILD'S NAME (Last)		(First)	(Middle)	AGE (Months)	SOCIAL SECURITY NUMBER	
MEASUREMENTS	WT	PERCENTILE	LENGTH	PERCENTILE	HEAD CIRCUMFERENCE	PERCENTILE
	BP		PULSE	RESPIRATIONS	TYMPANOMETRY	
					R	L
R-PDQ SCORE			OTHER DEVELOPMENTAL ASSESSMENT			
OR						

PHYSICAL EXAMINATION

WNL	ABN		DESCRIBE ABNORMALITIES
		Appearance/Interaction	
		Growth/Nutrition	
		Skin	
		Head/Face	
		Eyes/Red Reflex	
		Cover Test/Eye Muscles	
		Ears	
		Nose/Mouth/Dental	
		Neck/Nodes	
		Lungs	
		Heart/Pulses	
		Chest/Breasts	
		Abdomen	
		Genitalia	
		Musculoskeletal	
		Neuro/Reflexes	
		Vision Assessment	
		Hearing Assessment	

ANTICIPATORY GUIDANCE (Please initial when discussed)

SAFETY	NUTRITION	LEAD POISONING	SOCIALIZATION	DISCIPLINE
PROVIDER'S PRINTED NAME		PROVIDER'S SIGNATURE		DATE

PEDIATRIC MEDICAL HISTORY QUESTIONNAIRE **(18 Months to 6 Years)**

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.

CHILD'S NAME (Last)	(First)	(Middle)	DATE OF BIRTH (YYYY-MM-DD)	AGE	SEX <input type="checkbox"/> M <input type="checkbox"/> F
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SOCIAL SECURITY NUMBER	ALLERGIES ("None", if no allergies)	MEDICATIONS ("None", if no medications)
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LIST HOUSEHOLD MEMBERS	AGE	SEX	RELATION	AGE	SEX	RELATION
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> M <input type="checkbox"/> F	
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> M <input type="checkbox"/> F		

PLEASE ANSWER THE FOLLOWING QUESTIONS (If YES, explain)	YES	NO	EXPLANATION
1. Do you have any concerns about your child's health?			
2. Are your child's shots up to date?			
3. Does your child have any medical problems?			
4. Has your child ever been admitted to the hospital?			
5. Has your child ever had surgery?			
6. Does your child have frequent ear infections?			
7. Has your child ever broken a bone?			
8. Has your child ever had stitches?			
9. Are there any significant health problems in your immediate family?			
10. Does your child get a yearly medical check-up?			
11. Does your child eat a balanced diet?			
12. Does your child have regular bowel/bladder habits?			
13. Does your child sleep well at night?			
14. Do you consider your child to be developmentally appropriate?			
15. Has your child been diagnosed with Attention Deficit Disorder (ADD or ADHD), Autism, or Pervasive Developmental Disorder?			
16. Has your child been diagnosed with a learning disorder or mental retardation?			
17. Do you have any concerns regarding your child's interaction with you or others?			
18. Does your child have any special educational needs?			
19. Does your child require any special equipment? (hearing aid, walker, etc.)			

PARENT OR GUARDIAN (Printed Name)	(Signature)	DATE
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PEDIATRIC MEDICAL QUESTIONNAIRE - 18 Months to 6 Years (Continued)

This Side To Be Completed By Medical Staff

CHILD'S NAME (Last)	(First)	(Middle)	AGE (years)	(months)	SOCIAL SECURITY NUMBER
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MEASUREMENTS

WT	HT	VISION (Distance only - 5 years and older)	BP (age 3 and over)	PULSE (age 3 and over)
		R L		

PHYSICAL EXAMINATION

WNL	ABN		DESCRIBE ABNORMALITIES
		Appearance/Interaction	
		Growth/Nutrition	
		Skin	
		Head/Face	
		Eyes/Cover Test/Eye Muscles	
		Ears	
		Nose/Mouth/Dental	
		Neck/Nodes	
		Lungs	
		Heart/Pulses	
		Chest/Breasts	
		Abdomen	
		Genitalia (testes/labia)	
		Musculoskeletal	
		Neuro/Reflexes	
		Vision Assessment	
		Hearing Assessment	
		Developmental Assessment	

ANTICIPATORY GUIDANCE (Please initial when discussed)

SAFETY	NUTRITION	LEAD POISONING	SOCIALIZATION
DISCIPLINE	STRANGERS	SCHOOL PREPARATION	
PROVIDER'S PRINTED NAME	PROVIDER'S SIGNATURE		DATE

PEDIATRIC MEDICAL HISTORY QUESTIONNAIRE **(6 Years to 12 Years)**

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.

CHILD'S NAME (Last) (First) (Middle) DATE OF BIRTH (YYYY-MM-DD) AGE SEX
☐ M ☐ F

SOCIAL SECURITY NUMBER ALLERGIES ("None", if no allergies) MEDICATIONS ("None", if no medications)

LIST HOUSEHOLD MEMBERS	AGE	SEX	RELATION	AGE	SEX	RELATION
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> M <input type="checkbox"/> F	

PLEASE ANSWER THE FOLLOWING QUESTIONS (If YES, explain)	YES	NO	EXPLANATION
1. Do you have any concerns about your child's health?			
2. Are your child's shots up to date?			
3. Does your child have any medical problems?			
4. Has your child ever been admitted to the hospital?			
5. Has your child ever had surgery?			
6. Does your child have frequent ear infections?			
7. Has your child ever broken a bone?			
8. Has your child ever had stitches?			
9. Are there any significant health problems in your immediate family?			
10. Does your child get a yearly medical check-up?			
11. Does your child eat a balanced diet?			
12. Is your child's weight in proportion to his/her height?			
13. Does your child have regular bowel/bladder habits?			
14. Does your child sleep well at night?			
15. Do you consider your child to be developmentally appropriate?			
16. Has your child been diagnosed with Attention Deficit Disorder (ADD or ADHD), Autism, or Pervasive Developmental Disorder?			
17. Has your child been diagnosed with a learning disorder or mental retardation?			
18. Has your child ever been evaluated or treated for depression, anxiety or panic disorder, an eating disorder (Anorexia/Bulimia), or other psychological disorders?			
19. Do you have any concerns regarding your child's interaction with you or others?			
20. Does your child perform well at school?			
21. Has your child had extended absences from school?			
22. Does your child have any special educational needs?			
23. Does your child require any special equipment? (hearing aid, walker, etc.)			
24. Is your child involved in extra-curricular activities?			
25. FOR FEMALES ONLY: Has your child started her period? (If YES, when?)			

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02-16-2007, FOIA Case # 42877

PARENT OR GUARDIAN (Printed Name) (Signature) DATE

PEDIATRIC MEDICAL HISTORY QUESTIONNAIRE - 6 Years to 12 Years (Continued)

This Side To Be Completed By Medical Staff

CHILD'S NAME (Last)		(First)	(Middle)	AGE (years)	SOCIAL SECURITY NUMBER	
MEASUREMENTS	WT	HT		VISION (Distance only)		
	BP	PULSE		R	L	
				COLOR SCREEN		
				<input type="checkbox"/> NORMAL	<input type="checkbox"/> DEFICIENT	

PHYSICAL EXAMINATION

WNL	ABN	DESCRIBE ABNORMALITIES
		Appearance/Interaction
		Skin
		Eyes/Eye Muscles
		Ears
		Nose/Mouth/Dental
		Neck/Thyroid/Nodes
		Lungs
		Heart/Pulses
		Chest/Breasts
		Abdomen
		Genitalia (testes)
		Developmental Assessment (age 6-9)
		Tanner Stage (age 10-12)
		Musculoskeletal
		Neuro/Reflexes
		Hearing Assessment

ANTICIPATORY GUIDANCE (Please initial when discussed)

SAFETY	NUTRITION	SOCIALIZATION	DISCIPLINE
DENTAL	PEER PRESSURE	SUBSTANCE USE	PHYSICAL ACTIVITY
PROVIDER'S PRINTED NAME		PROVIDER'S SIGNATURE	DATE

PEDIATRIC MEDICAL HISTORY QUESTIONNAIRE **(12 Years to 18 Years)**

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.

CHILD'S NAME (Last) (First) (Middle) DATE OF BIRTH (YYYY-MM-DD) AGE SEX
☐ M ☐ F

SOCIAL SECURITY NUMBER ALLERGIES ("None", if no allergies) MEDICATIONS ("None", if no medications)

LIST HOUSEHOLD MEMBERS	AGE	SEX	RELATION	AGE	SEX	RELATION
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> M <input type="checkbox"/> F	
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> M <input type="checkbox"/> F		

PLEASE ANSWER THE FOLLOWING QUESTIONS (If YES, explain)	YES	NO	EXPLANATION
1. Do you have any concerns about your child's health?			
2. Are your child's shots up to date?			
3. Does your child have any medical problems?			
4. Has your child ever been admitted to the hospital?			
5. Has your child ever had surgery?			
6. Has your child ever broken a bone?			
7. Has your child ever had stitches?			
8. Are there any significant health problems in your family?			
9. Does your child get a yearly medical check-up?			
10. Does your child eat a balanced diet?			
11. Is your child's weight in proportion to his/her height?			
12. Does your child have regular bowel/bladder habits?			
13. Does your child sleep well at night? How many hours?			
14. Do you consider your child to be developmentally appropriate?			
15. Has your child been diagnosed with Attention Deficit Disorder (ADD or ADHD), Autism, or Pervasive Developmental Disorder?			
16. Has your child been diagnosed with a learning disorder or mental retardation?			
17. Has your child ever been evaluated or treated for depression, anxiety or panic disorder, an eating disorder (Anorexia/Bulimia), or other psychological disorders?			
18. Does your child use tobacco, alcohol or drugs?			
19. Do you have any concerns regarding your child's interaction with you or others?			
20. Does your child perform well at school?			
21. Has your child had extended absences from school?			
22. Is your child involved in extra-curricular activities?			
23. Does your child have any special educational needs?			
24. Does your child require any special equipment? (hearing aid, walker, etc.)			
25. FOR FEMALES ONLY: Has your child started her period? (If YES, when?)			

PARENT OR GUARDIAN (Printed Name) (Signature) DATE

PEDIATRIC MEDICAL HISTORY QUESTIONNAIRE - 12 Years to 18 Years (Continued)

This Side To Be Completed By Medical Staff

CHILD'S NAME (Last)		(First)	(Middle)	AGE (years)	SOCIAL SECURITY NUMBER	
MEASUREMENTS	WT		HT		VISION (Distance only)	
	BP		PULSE		R	L
					COLOR SCREEN	
					<input type="checkbox"/> NORMAL	<input type="checkbox"/> DEFICIENT

PHYSICAL EXAMINATION

WNL	ABN	DESCRIBE ABNORMALITIES
		Appearance/Interaction
		Skin
		Eyes/Fundi
		Nose/Mouth/Dental
		Neck/Thyroid/Nodes
		Lungs
		Heart/Pulses
		Chest/Breasts
		Abdomen
		Male Genitalia, if applicable
		Tanner Stage _____
		Musculoskeletal
		Neuro/Reflexes
		Hearing Assessment

ANTICIPATORY GUIDANCE (Please initial when discussed)

SAFETY	NUTRITION	PEER PRESSURE	DENTAL
SUBSTANCE USE	PHYSICAL ACTIVITY	SEXUAL PRACTICES	
PROVIDER'S PRINTED NAME		PROVIDER'S SIGNATURE	DATE

PENDING MAINTENANCE RECORD

FOR TRANSPORTATION SERVICES USE ONLY
(Do not remove from book)

[illegible]

FORM K7134 MAR 98
NSN: 7540-FM-001-5617

(over)

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

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02-16-2007, FOIA Case # 42877

FORM K7134 MAR 88 - Reverse
NSN: 7540-FM-001-5617

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

PERFORMANCE EVALUATION (ARCHITECT-ENGINEER)				1. PROJECT NUMBER	
				2. CONTRACT NUMBER	
IMPORTANT: Be sure to complete Performance section on reverse. If additional space is necessary for any item, use Remarks section on reverse.					
3. TYPE OF REPORT (Check one) <input type="checkbox"/> INTERIM <input type="checkbox"/> COMPLETION OF DESIGN OR STUDY <input type="checkbox"/> COMPLETION OF CONSTRUCTION <input type="checkbox"/> TERMINATION			4. REPORT NUMBER		5. DATE OF REPORT
6. NAME AND ADDRESS OF CONTRACTOR			7. PROJECT DESCRIPTION AND LOCATION		
8. OFFICE RESPONSIBLE FOR:					
A. SELECTION OF CONTRACTOR		B. NEGOTIATION/AWARD OF CONTRACT		C. ADMINISTRATION OF CONTRACT	
9. CONTRACT DATA					
A. TYPE OF WORK			B. TYPE OF CONTRACT <input type="checkbox"/> FIXED-PRICE <input type="checkbox"/> OTHER (Specify) _____ <input type="checkbox"/> COST-REIMBURSEMENT		
C. PROJECT COMPLEXITY <input type="checkbox"/> DIFFICULT <input type="checkbox"/> ROUTINE <input type="checkbox"/> SIMPLE		D. PROFESSIONAL SERVICES CONTRACT			
		INITIAL FEE \$		TOTAL FEE \$	
		AMENDMENTS NO. AMOUNT \$		CLAIMS BY CONTRACTOR NO. AMOUNT \$	
E. DATE CONTRACT AWARDED		F. CONTRACT COMPLETION DATE (Including extensions)		G. ACTUAL COMPLETION DATE OF CONTRACT	
10. KEY CONSULTANT DATA					
A. NAMES		B. ADDRESS		C. SPECIALTY	
11. CONSTRUCTION COSTS		A. INITIAL ESTIMATE \$		B. AWARD \$	
		C. ACTUAL \$			
12. CONSTRUCTION CHANGES AND DEFICIENCIES		NUMBER		TOTAL	
A. CONSTRUCTION CHANGES				\$	
B. CONSTRUCTION CHANGES RESULTING FROM DEFICIENCIES IN A-E PERFORMANCE				\$	
C. DEFICIENCIES PAID FOR BY A-E				\$	
D. DEFICIENCIES PAID FOR BY GOVERNMENT				\$	
13. OVERALL RATING <input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE <input type="checkbox"/> POOR			14. RECOMMENDED FOR FUTURE CONTRACTS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "NO" explain in REMARKS on reverse)		
15A. NAME AND TITLE OF RATING OFFICIAL			16A. NAME AND TITLE OF REVIEWING OFFICIAL		
15B. SIGNATURE		15C. DATE		16B. SIGNATURE	
				16C. DATE	

PERFORMANCE

STAGES OF SERVICES (As applicable)					NOT APPLICABLE	RATING FACTORS/RATINGS								RATED BY		
						ACCURACY	COMPLETENESS	COOPERATION	COORDINATION	MANAGEMENT	MEETING SCHEDULE	PERSONNEL ABILITY	WORK QUALITY	CODE LEGEND:		
														SIGNATURE AND DATE		
CONCEPTS	SCHEDULE (Mo., day, yr.)	FROM	TO	ARCH.												
				STRUC.												
	ACTUAL (Mo., day, yr.)	FROM	TO	MECH.												
				ELEC.												
TENTATIVES	SCHEDULE (Mo., day, yr.)	FROM	TO	ARCH.												
				STRUC.												
	ACTUAL (Mo., day, yr.)	FROM	TO	MECH.												
				ELEC.												
WORKING DRAWINGS	SCHEDULE (Mo., day, yr.)	FROM	TO	ARCH.												
				STRUC.												
	ACTUAL (Mo., day, yr.)	FROM	TO	MECH.												
				ELEC.												
ESTIMATES				A/S												
				M/E												
CRITICAL PATH METHOD				PRE-AWARD												
				POST-AWARD												
POST CONSTRUCTION CONTRACT SERVICES				SHOP DWGS.												
				MANUALS												
INSPECTION				FIELD												
				OFFICE												
SOLICITATION DOCUMENTS																
REMARKS																

PERFORMANCE EVALUATION - CONSTRUCTION CONTRACTS		1. CONTRACT NUMBER
PART I - GENERAL CONTRACT DATA		
2. CONTRACTOR (Name, address and ZIP code)	3. TYPE OF CONTRACT (Check)	A. ADVERTISED
		B. NEGOTIATED <input type="checkbox"/> CPFF <input type="checkbox"/> FIRM FIXED PRICE <input type="checkbox"/> OTHER (Specify)
		4. COMPLEXITY OF WORK <input type="checkbox"/> DIFFICULT <input type="checkbox"/> ROUTINE
5. DESCRIPTION AND LOCATION OF WORK		

6. FISCAL DATA	A. AMOUNT OF BASIC CONTRACT \$	B. TOTAL AMOUNT OF MODIFICATION \$	C. LIQUIDATED DAMAGES ASSESSED \$	D. NET AMOUNT PAID CONTRACTOR \$
	7. SIGNIFICANT DATES	A. DATE OF AWARD	B. ORIGINAL CONTRACT COMPLETION DATE	C. REVISED CONTRACT COMPLETION DATE
8. TYPE AND EXTENT OF SUBCONTRACTING				

PART II - PERFORMANCE EVALUATION OF CONTRACT (Check appropriate box)			
9. PERFORMANCE ELEMENTS	OUTSTANDING	SATISFACTORY	UNSATISFACTORY
A. QUALITY OF WORK			
B. TIMELY PERFORMANCE			
C. EFFECTIVENESS OF MANAGEMENT			
D. COMPLIANCE WITH LABOR STANDARDS			
E. COMPLIANCE WITH SAFETY STANDARDS			
10. OVERALL EVALUATION <input type="checkbox"/> OUTSTANDING (Explain in Item 13, on reverse) <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY (Explain in Item 14, on reverse)			

11. EVALUATED BY			
A. ORGANIZATION (Type or print)			
B. NAME AND TITLE (Type or print)	C. SIGNATURE	D. DATE	
12. EVALUATION REVIEWED BY			
A. ORGANIZATION (Type or print)			
B. NAME AND TITLE (Type or print)	C. SIGNATURE	D. DATE	

-
13. REMARKS ON OUTSTANDING PERFORMANCE - AS INDICATED BY THE CONTRACTOR'S PERFORMANCE ON THIS CONTRACT. IF YOU CONSIDER THE CONTRACTOR TO BE OUTSTANDING, SET FORTH FACTUAL DATA SUPPORTING THIS OBSERVATION. THESE DATA MUST BE IN SUFFICIENT DETAIL TO ASSIST CONTRACTING OFFICERS IN SELECTING CONTRACTORS THAT HAVE DEMONSTRATED OUTSTANDING QUALITY OF WORK AND RELIABILITY. *(Continue on separate sheet, if needed.)*

-
14. EXPLANATION OF UNSATISFACTORY EVALUATIONS - FOR EACH UNSATISFACTORY ELEMENT, PROVIDE FACTS CONCERNING SPECIFIC EVENTS OR ACTIONS TO JUSTIFY THE EVALUATION *(e.g., extent of Government inspection required, rework required, subcontracting, cooperation of contractor, quality of workmen and adequacy of equipment)*. THESE DATA MUST BE IN SUFFICIENT DETAIL TO ASSIST CONTRACTING OFFICERS IN DETERMINING THE CONTRACTOR'S RESPONSIBILITY. *(Continue on separate sheet, if needed.)*

GENERAL INFORMATION

The success of your reinvestigation depends greatly on the information that you provide. Please ensure that your entries on the Questionnaire for National Security positions, Standard Form 86 (SF-86), are accurate, complete, and in accordance with the directions given. Failure to provide requested information may lead to unnecessary delays in your reinvestigation processing.

Entries may be made directly on line on the FRAMEMAKER SF-86 package documents or the documents may be printed and entries made by typing or by legibly printing using a black ball point pen.

When completing the SF-86, follow the attached detailed instructions. A number of questions on the SF-86 specify that your response be limited to the last 7 years. For reinvestigation purposes, you are requested to disregard this instruction and document all relevant information since the date of your last forms. Use SF-86A if additional space is required to list education, employment or residences. Use "Continuation Space", page 9, if additional space is required to answer other questions.

Please do not indicate that certain information may be obtained from another source, i.e., birth, divorce, naturalization, or account data. Take the time to obtain information not readily available.

All questions on the SF-86 must be answered. If no response is applicable, indicate this on the form (*for example, enter "None" or "Unknown"*).

Your reinvestigation includes a personal interview with a Security Officer. You will be contacted to arrange a mutually acceptable time and location for the interview. (*Be sure your office black telephone number and present work location, i.e. OPS1, OPS2B, FANX III, APS 10 are provided in Section 11 of the SF-86.*)

THE COMPLETED ORIGINAL SF-86, PLUS ONE COPY AND ORIGINALS OF ALL OTHER FORMS, MUST BE SUBMITTED. THE COPY MUST INCLUDE DATES AND ORIGINAL SIGNATURES. WE RECOMMEND AN ADDITIONAL COPY BE MADE FOR YOUR PERSONAL RECORDS.

If you have any questions, please contact Reinvestigations, Q233, on 968-6321(s), 410-854-6588(b).

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

**DETAILED INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE
FOR NATIONAL SECURITY POSITIONS (SF-86)**

Before you proceed, insert your SSN in Question 4 and at the bottom of each page of the SF-86. This may be accomplished on-line by performing the following steps:

1. Click the left mouse button to get an insertion point in the following text box:
2. From the "Special" menu above, choose "Variable..."
3. From the "Variables:" scroll list, choose "SSN", and then select the "Edit Definition..." button.
4. In the "Definition:" text area, replace "999-99-9999" with your Social Security Number, select the "Change" button, and then select the "Done" button.
5. Choose the "Update..." button, after which FrameMaker will pop up a window asking you if it is okay to update all system variables, to which you select the "OK" button.

Question 1: Follow instructions on the form.

Question 2: **(Date of Birth)** Numerically list the month, day and last two digits of the year. For example, January 15, 1960 should be entered as 01 15 60.

Questions 3 through 8: Follow instructions on the form.

Question 9: **(Where You Have Lived)** List in chronological order beginning with the most recent, but only those within the period of investigation. The telephone numbers provided for references should be current business numbers (*if applicable*). Otherwise, home numbers are acceptable.

Question 10: **(Where You Went to School)** List in chronological order beginning with the most recent, but only those within the period of investigation. Exclude NSA sponsored training unless it has or may result in a degree from a college or university.

Question 11: **(Your Employment Activities)** In block #1, indicate your current NSA assignment. Within the "Previous Periods" blocks you should document all other NSA assignments within the scope of the investigation. Utilize NSA organizational designators and your present work location (*e.g. Ops 1, FANX III, APS 10, etc.*) and your current black telephone number. Also, any part-time employment(s) should be documented in blocks #2, #3, etc. If you require additional space, utilize the "Continuation Space" on page 9 or the appropriate section of SF-86A.

Question 12: **(People Who Know You Well)** List non-relatives who are personally knowledgeable of your conduct, activities and background, particularly your unsupervised activities away from school and work. Their knowledge, collectively, should span the entire period of investigation. Avoid listing overseas references and military references unless they are in the United States and you have current location and telephone data. List only U.S. citizens.

Question 13: Follow instructions on the form.

Question 14: Follow instructions on the form.

Question 15 and 16: Follow instructions on the form.

Question 17: **(Your Foreign Activities)** These questions include any activities other than those related to officially sanctioned NSA business. Responses to Question 17(d) should cover the period of investigation only. Any "YES" answers must be explained in detail.

Question 18: **(Foreign Countries You Have Visited)** Follow instructions on the form. Only indicate travel which occurred during the period of investigation.

Questions 19 and 20: Follow instructions on the form.

Question 21: **(Your Medical Record)** Follow instructions on the form.

Question 22: **(Your Employment Record)** This should reflect only non-NSA employment within the period of investigation.

Question 23: **(Your Police Record)** Include any information related to incidents occurring within the period of investigation and any incidents not previously reported during NSA security processing.

Question 24: **(Your Use of Illegal Drugs and Drug Activity)** Document all drug involvement occurring during the period of investigation and any involvement not previously reported during NSA security processing.

Question 25: **(Your Use of Alcohol)** Document all incidents occurring during the period of investigation.

Question 26: **(Your Investigations Record)** Check the "YES" block and *(for NSA)* enter the date that your investigation was completed *(if you have that information)*. If not, use the date that you entered on duty (EOD). For Agency code, enter (1) and for Clearance code, enter (4).

Question 27 and 28: **(Your Financial Record and Financial Delinquencies)** Include all information related to events occurring during the period of investigation **AND in the Continuation Space, page 9, (or on a separate sheet), LIST ANY CASH TRANSACTION(S) OF \$10,000.00 (PERSONAL OR OFFICIAL) OR MORE not previously reported.** Report the date of the transaction(s), institution(s) involved, location(s) of transaction(s) and institution(s) and explanation(s) for each transaction.

Question 29: **(Public Record Civil Court Actions)** Include only that information pertaining to the period of investigation.

Question 30: Follow the instructions on the form.

Complete the "Authorization for Release of Information". Reproduce copy.

ATTENTION: PLEASE READ PRIOR TO COMPLETION OF ANY FORMS

PRIVACY ACT OF 1974 NOTICE

In accordance with the Privacy Act of 1974 (*Public Law 93-579, 5 U.S.C. 552a*), you are hereby notified that:

(1) Public Law 86-36, Public Law 88-290, Title 5 U.S.C.; Executive Order 10450, Executive Order 12356, and Executive Order 12333; Director of Central Intelligence Directive 1/14; NSA/CSS PMM Chapter 808 authorize the National Security Agency/Central Security Service to receive and maintain personal information on employees and others requiring continued access to classified information and NSA/CSS facilities.

(2) The information is required to determine your eligibility for continued access to classified information and NSA/CSS facilities.

(3) The information is to be used by officials of NSA/CSS and of other Federal Agencies charged with investigating and evaluating your eligibility for continued access to classified information and NSA/CSS facilities. Information provided by you 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.

(4) Disclosure of the requested information is voluntary. Failure to provide the requested information may result in processing delays or the inability of the Agency to reach a final determination with respect to your continued access to classified information and NSA/CSS facilities and other related actions.

(5) The request for your social security number is authorized by Executive Order 9397. It will be used to identify you during the investigations and evaluations referred to above. Providing it is voluntary. Failure to provide it may delay processing, impact security approvals and, ultimately, impact your eligibility for continued access to classified information.

I certify that I have read and understand the above.

PRINTED NAME

SIGNATURE

DATE

FORM P1613C JUN 97
NSN: 7540-FM-001-5609

Attachment to NSA/CSS Reinvestigation Packet containing the following forms:
Forms G3149, G6920 and G7017

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.

PERSONNEL SECURITY POLICY ADVISORY

As a condition for receiving or retaining a security clearance with the National Security Agency, you are required to adhere to various personnel security policies. These policies are in effect to protect NSA affiliates from being targets of espionage and other hostile activities carried out by or on behalf of foreign intelligence entities. Three of these policies, the violation of which may result in the denial or loss of your security clearance, are described below.

IMPROPER USE OF DRUGS

The improper use of drugs by NSA affiliates (*e.g., NSA employees, military assignees or representatives, contractors, consultants, and experts*) and applicants is strictly prohibited. Improper use includes the illegal use of controlled substances as well as the use, transfer, possession, sale or purchase of any drug for purposes other than their intended medical use. This policy may be reinforced through drug testing in accordance with Agency regulations.

ASSOCIATION WITH FOREIGN NATIONALS

NSA affiliates and applicants must exercise common sense, good judgement, and discretion in their associations with non-U.S. citizens.

Casual associations for foreign nationals are generally acceptable. Such associations must not, however, develop into "close and continuing" relationships; *e.g., those characterized by ties of kinship, obligation (including financial), affection, or other capacities to influence*. Such relationships are not compatible with the security of NSA's sensitive mission. Affiliates who find themselves involved in such a relationship must immediately seek guidance from a security officer.

Affiliates and applicants are also responsible for recognizing and subsequently reporting any activity which may be assessed as suspicious, provocative, or comprising.

FOREIGN TRAVEL

Affiliates are required to submit foreign travel requests in advance for an approval decision by the Office of Security. Such determinations will be based on the particulars of each specific case, taking into consideration the most recent counterintelligence and threat data available to NSA at the time of the proposed travel. NSA may suspend and/or revoke the security clearance of any NSA affiliate who undertakes foreign travel without following proper procedures for requesting approval of the travel or who travels after his or her request is denied.

Failure to observe the policies summarized above may constitute grounds for disqualification from initial or continued access to NSA information and facilities. Your signature below indicates your understanding and willingness to comply with these policies.

PRINTED NAME

SSN

*SIGNATURE

DATE

WARNING: No government or private entity, or officer, employee, or agency 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 (Principally) 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. Discl: 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:
C. FROM CREDIT REPORTING INSTITUTIONS:	1) Credit records	3) Copies of correspondence relating to creditworthiness
	2) The identities of financial institutions where the employee maintains accounts	4) Other, as specified:
D. FROM HOLDERS OF TRAVEL RECORDS:	1) Records of trips to and/or from locations outside the United States	2) Other, as specified:

SUPERVISOR SECURITY EVALUATION

PLEASE NOTE: The supervisor **WILL NOT** review the employee's security forms.

INSTRUCTIONS: Supervisors are required to complete a Supervisor Security Evaluation (SSE) of subordinates as part of their reinvestigation. The subordinate will seal his/her completed security forms in a small envelope and provide this, a larger pre-addressed envelope and the SSE to his/her supervisor. After the supervisor completes the SSE, he/she will place it and the small, sealed envelope in the larger envelope. The entire package will be forwarded to Q233.

EMPLOYEE'S NAME

PERSONNEL SECURITY EVALUATION CRITERIA

- a. Conduct which suggests possible involvement in espionage, sabotage, or subversion;
- b. Indications of disloyalty to the U.S. (*this would include disloyalty to the U.S. on the part of a close relative of the employee or on the part of an associate with whom the employee is bound by affection or obligation*);
- c. Involvement in outside activities or employment which might create a potential conflict with the individual's responsibility to protect classified information from unauthorized disclosure;
- d. Indications of poor judgement, indiscretion, unreliability, or untrustworthiness which suggests that the employee may be unsuitable for continued access to classified information or assignment to sensitive duties;
- e. Exploitable personal conduct / lifestyle which might subject the employee to undue influence, duress, or blackmail;
- f. Unreported Unofficial Foreign Travel;
- g. Unreported close and continuing association with a non-U.S. citizen;
- h. Excessive indebtedness, financial irresponsibility, or unexplained affluence (*evidence of living beyond one's means*);
- i. Use / involvement with controlled substances / illegal drugs since entering on duty;
- j. Alcohol abuse;
- k. Evidence of an emotional, mental, or nervous disorder (*to include consultation with a psychologist, psychiatrist, or counselor for such a problem*);
- l. Involvement in criminal activity or a record of law violations;
- m. Deliberate violations of security regulations and policies;
- n. Negligence or carelessness in performance of individual security responsibilities.

☐

I **AM NOT** AWARE OF INFORMATION PERTAINING TO THE ABOVE CRITERIA OR ANY OTHER INFORMATION WHICH MIGHT AFFECT THIS EMPLOYEE'S ABILITY TO PROTECT CLASSIFIED MATERIAL.

☐

I **AM** AWARE OF INFORMATION PERTAINING TO THE ABOVE CRITERIA OR ANY OTHER INFORMATION WHICH MIGHT AFFECT THIS EMPLOYEE'S ABILITY TO PROTECT CLASSIFIED MATERIAL.

SUPERVISOR'S NAME (Print)

TITLE

SIGNATURE

DATE

PHONE

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	

NATIONAL SECURITY AGENCY/
CENTRAL SECURITY SERVICE
MEMORANDUM

DATE:

REPLY TO
ATTN OF:

SUBJECT: Personnel Assignment Information Change/Update

TO: D7P

The following information is submitted to effect an internal reassignment:

NAME		SSN	RANK
A. DUTY TITLE		B. MILSPEC	
C. ASSIGNED ORG / BILLET NUMBER			
D. DUTY ORGANIZATION		ROOM NUMBER	
E. TELEPHONE NUMBERS (SECURE)		(NON-SECURE)	
F. RATER			
GRADE	NAME	SSN	DUTY TITLE
G. INDORSER			
GRADE	NAME	SSN	DUTY TITLE
H. REMARKS			
I. EFFECTIVE DATE		VERIFYING OFFICIAL	
<small>PRIVACY ACT STATEMENT: Authority for collecting information requested on this form is contained in 50 U.S.C. Sec. 402 note and Executive Order 12333. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) as well as the specific uses enumerated in GNSA01 and GNSA09 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 update personnel actions for military personnel at NSA. Your disclosure of requested information, including SSN, is voluntary. However, failure to furnish requested information, other than SSN, may result in the failure to complete your requested personnel action.</small>			

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

SECURITY CLASSIFICATION (if any)

DATE

PERSONNEL EVALUATION PANEL DECISION

MR.	NAME (Last)	(First)	(MI)	SOCIAL SECURITY NUMBER
MRS				
MISS				
MS.				
APPLICANT		EMPLOYEE	SITE	
TO	ORG	FM		
	ER		CONTINUE PROCESSING	
	SEC			
	PSYCH		NOT SELECTED/DISCONTINUE PROCESSING	
	HIR			
			ENCOURAGE TO REAPPLY IN NUMBER MONTHS INDICATED (Subject to availability of suitable vacancy)	MONTHS

ACTIONS

PROCESSING			EOD		
	PG/RePG			LETTER OF INTENT	
	SECURITY INTERVIEW			SPECIAL COUNSELING BY (Org)	
	INITIATE BI			PHYSICAL PRIOR TO EOD	
	PHYSICAL PRIOR TO EOD			FOLLOW-UP INTERVIEW	BY (Org) AFTER NO. MONTHS
	PSYCH/RePSYCH		EMPLOYEE		
	SPECIAL COUNSELING BY (Org)		APPROVED	FOR PCS	
	COMPELLING NEED STATEMENT REQUIRED			ADMIN/OPERATIONAL ACCESS AND PCS	
	FOLLOW-UP INTERVIEW	BY (Org) AFTER NO. MONTHS			
RETURN TO PANEL WHEN ACTION COMPLETED					

REMARKS

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

SIGNATURE

PERSONNEL PRIVILEGED INFORMATION

PRIVACY ACT STATEMENT: Auth for collecting info requested on form is contained in 50 U.S.C. Section 402 note, 50 U.S.C. Sections 831-835, 10 U.S.C., Sections 1601-1614 and EO 12333 and 12968. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) as well as the specific uses found in GNSAD1, 09, 10 and 12 apply to info. Auth for requesting SSN is EO 9397. Requested info will be used (principally) to identify indiv skill field, for submitting clearances to external sites, for processing training requests, and for emergency contact purposes. Your disc of requested info, including SSN, is voluntary. However, failure to furnish requested info, other than SSN, may affect the office's ability to provide the requested service.

SECURITY CLASSIFICATION (if any)

PERSONNEL INFORMATION RECORD

NAME (Last)		(First)	(MI)	SSN	SID	ORG
DATE (Assigned to Org.)		(Assigned to Agency)		(Agency Release)	ORG. TRANSFERRED TO/DATE (YYYYMMDD)	
GRADE OR RANK/SERVICE		DATE OF GRADE/RANK		PRIMARY (Military ONLY)		DUTY (Military ONLY)
WORK ROLE		MOS		MOS		
SKILL FIELD		AFSC		AFSC		
		SUJCO		SUJCO		
HOME ADDRESS (Street)		(Apt. No.)	(City)		(State)	(ZIP Code)
HOME TELEPHONE (Include Area Code)		DATE OF BIRTH (YYYYMMDD)		PLACE OF BIRTH		
ID CARD NUMBER (Civilian ONLY)		SPOUSE'S NAME (Last)		(First)		
REMARKS						
SIGNATURE				DATE (YYYYMMDD)		
FORM P1335B REV APR 2002 (Supersedes P1335B JUN 85 which is obsolete)				SECURITY CLASSIFICATION (if any)		

Size: 5" x 8"

Printed on Lightweight White Cardstock
Stocked in Hard Copy Via Stock System

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

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

PERSONNEL SECURITY POLICY ADVISORY

As a condition for receiving or retaining a security clearance with the National Security Agency, you are required to adhere to various personnel security policies. These policies are in effect to protect NSA affiliates from being targets of espionage and other hostile activities carried out by or on behalf of foreign intelligence entities. Three of these policies, the violation of which may result in the denial or loss of your security clearance, are described below.

IMPROPER USE OF DRUGS

The improper use of drugs by NSA affiliates (*e.g., NSA employees, military assignees or representatives, contractors, consultants, and experts*) and applicants is strictly prohibited. Improper use includes the illegal use of controlled substances as well as the use, transfer, possession, sale or purchase of any drug for purposes other than their intended medical use. This policy may be reinforced through drug testing in accordance with Agency regulations.

ASSOCIATION WITH FOREIGN NATIONALS

NSA affiliates and applicants must exercise common sense, good judgement, and discretion in their associations with non-U.S. citizens.

Casual associations for foreign nationals are generally acceptable. Such associations must not, however, develop into "close and continuing" relationships; *e.g., those characterized by ties of kinship, obligation (including financial), affection, or other capacities to influence*. Such relationships are not compatible with the security of NSA's sensitive mission. Affiliates who find themselves involved in such a relationship must immediately seek guidance from a security officer.

Affiliates and applicants are also responsible for recognizing and subsequently reporting any activity which may be assessed as suspicious, provocative, or comprising.

FOREIGN TRAVEL

Affiliates are required to submit foreign travel requests in advance for an approval decision by the Office of Security. Such determinations will be based on the particulars of each specific case, taking into consideration the most recent counterintelligence and threat data available to NSA at the time of the proposed travel. NSA may suspend and/or revoke the security clearance of any NSA affiliate who undertakes foreign travel without following proper procedures for requesting approval of the travel or who travels after his or her request is denied.

Failure to observe the policies summarized above may constitute grounds for disqualification from initial or continued access to NSA information and facilities. Your signature below indicates your understanding and willingness to comply with these policies.

PRINTED NAME	SSN
*SIGNATURE	DATE

SECURITY CLASSIFICATION

NAME (Last)

(First)

(MI)

PHYSICAL HEALTH STATEMENT

PSYCHOLOGICAL CLEARANCE (Date)

MEDICAL CLEARANCE (Date)

MEDICAL DOCTOR SIGNATURE

PATIENT'S SIGNATURE (I hereby state that there has been
no significant change in my physical health since completing
my last SF 93 or Form P5556 for overseas travel)

DATE

TRIP

DATE

SECURITY CLASSIFICATION

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

PHYSICAL RESTRICTION ASSIGNMENT REPORT

DATE

SSN		NAME		ORG	
CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION
SPEECH		NONPARALYTIC ORTHOPEDIC IMPAIRMENTS		OTHER IMPAIRMENTS	
13	NORMAL HEARING/SPEECH MALFUNCTION	44	ONE OR BOTH HANDS	80	HEART DISEASE WITH NO RESTRICTION OR LIMITATION OF ACTIVITY
HEARING		45	ONE OR BOTH FEET	81	HEART DISEASE WITH RESTRICTION OR LIMITATION OF ACTIVITY
15	HARD OF HEARING (<i>Hearing in one ear or hearing aid required</i>)	46	ONE OR BOTH ARMS	82	EPILEPSY
16	NO USABLE HEARING	47	ONE OR BOTH LEGS	83	BLOOD DISEASE (<i>Specify</i>)
17	NO USABLE HEARING/SPEECH MALFUNCTION	48	HIP OR PELVIS	84	DIABETES
VISION		49	BACK/NECK	86	RESPIRATORY DISORDER (<i>Specify</i>)
22	ABILITY TO READ ORDINARY SIZE PRINT WITH GLASSES, BUT WITH LOSS OF PERIPHERAL VISION	57	ANY COMBINATION OF 2 OR MORE BODY PARTS		
		PARTIAL PARALYSIS		88	KIDNEY DYSFUNCTIONING
23	INABILITY TO READ ORDINARY SIZE PRINT, NOT CORRECTABLE BY GLASSES	61	ONE HAND	89	CANCER - COMPLETE RECOVERY
24	BLIND IN ONE EYE	62	ONE ARM ANY PART	90	CANCER - UNDERGOING SURGICAL AND/OR MEDICAL TREATMENT
25	BLIND IN BOTH EYES (<i>No usable vision</i>)	63	ONE LEG, ANY PART	91	MENTAL RETARDATION
26	COLOR BLIND	64	BOTH HANDS	92	MENTAL OR EMOTIONAL ILLNESS
MISSING EXTREMITIES		65	BOTH LEGS, ANY PART	93	SEVERE DISTORTION OF LIMBS AND/OR SPINE
27	ONE HAND	66	BOTH ARMS, ANY PART	94	DISFIGUREMENT OF FACE, HANDS OR FEET
28	ONE ARM	67	ONE SIDE OF BODY, INCLUDING ONE ARM AND LEG	95	LEARNING IMPAIRMENT
29	ONE FOOT	68	THREE OR MORE MAJOR PARTS OF THE BODY (<i>arms and legs</i>)	96	DECREASED COGNITIVE ABILITY
32	ONE LEG	COMPLETE PARALYSIS			
33	BOTH HANDS OR ARMS	70	ONE HAND	05	OTHER
34	BOTH FEET OR LEGS	71	BOTH HANDS		
35	ONE HAND OR ARM AND ONE FOOT OR LEGS	72	ONE ARM		
36	ONE HAND OR ARM AND BOTH FEET OR LEGS	73	BOTH ARMS		
37	BOTH HANDS OR ARMS AND ONE FOOT OR LEGS	74	ONE LEG		
38	BOTH HANDS OR ARMS AND BOTH FEET OR LEGS	75	BOTH LEGS		
		76	LOWER HALF OF BODY, INCLUDING LEGS		
		77	ONE SIDE OF BODY, INCLUDING ONE ARM AND ONE LEG		
		78	THREE OR MORE MAJOR PARTS OF THE BODY (<i>arms and legs</i>)		

PHYSICAL RESTRICTIONS

1. 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.	2. 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.	6	INSIDE DUTY ONLY
		8	NO EXPOSURE TO HIGH PLACES, HIGH VOLTAGE OR MOVING MACHINERY
		9	NO DRIVING OF GOVERNMENT VEHICLES
		10	NO AIR TRAVEL
		11	NO TDY - NO PCS
		12	NO TDY - PCS EXCEPT TO AREAS OF GOOD MEDICAL FACILITY (<i>with S21 approval</i>)
3. Light Medium Work. Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.	4. Medium Work. Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.	20	EXEMPT FROM USING CONFORM
		99	OTHER

☐ PERMANENT☐ TEMPORARY

DATE EXPIRED

SIGNATURE

DATE



**NATIONAL SECURITY AGENCY
CENTRAL SECURITY SERVICE
Office of Security**

YOUR PERSONAL IDENTIFICATION NUMBER IS: _____

FORM G3567 REIN AUG 2000
GPO : 2001-188-482 : QL 3

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

POSITION DESCRIPTION (Please Read Instructions on the Back)

2. Reason for Submission <input type="checkbox"/> Redescription <input type="checkbox"/> New <input type="checkbox"/> Hdqtrs. <input type="checkbox"/> Field <input type="checkbox"/> Reestablishment <input type="checkbox"/> Other Explanation (Show any positions replaced)						3. Service		4. Employing Office Location		5. Duty Station		1. Agency Position No.							
7. Fair Labor Standards Act <input type="checkbox"/> Exempt <input type="checkbox"/> Nonexempt						8. Financial Statements Required <input type="checkbox"/> Executive Personnel Financial Disclosure <input type="checkbox"/> Employment and Financial Interests		9. Subject to IA Action <input type="checkbox"/> Yes <input type="checkbox"/> No											
10. Position Status <input type="checkbox"/> Competitive <input type="checkbox"/> Excepted (Specify in Remarks) <input type="checkbox"/> SES (Gen.) <input type="checkbox"/> SES (CR)						11. Position is: <input type="checkbox"/> Supervisory <input type="checkbox"/> Managerial <input type="checkbox"/> Neither		12. Sensitivity <input type="checkbox"/> 1 - Non-Sensitive <input type="checkbox"/> 3 - Critical Sensitive <input type="checkbox"/> 2 - Noncritical Sensitive <input type="checkbox"/> 4 - Special Sensitive		13. Competitive Level Code									
15. Classified/Graded by						Official Title of Position		Pay Plan		Occupational Code		Grade		Initials		Date			
a. U.S. Office of Personnel Management																			
b. Department, Agency or Establishment																			
c. Second Level Review																			
d. First Level Review																			
e. Recommended by Supervisor or Initiating Office																			
16. Organizational Title of Position (if different from official title)										17. Name of Employee (if vacant, specify)									
18. Department, Agency, or Establishment										c. Third Subdivision									
a. First Subdivision										d. Fourth Subdivision									
b. Second Subdivision										e. Fifth Subdivision									
19. Employee Review - This is an accurate description of the major duties and responsibilities of my position.										Signature of Employee (optional)									
20. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.																			
a. Typed Name and Title of Immediate Supervisor										b. Typed Name and Title of Higher-Level Supervisor or Manager (optional)									
Signature					Date					Signature					Date				
21. Classification/Job Grading Certification. I certify that this position has been classified / graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.										22. Position Classification Standards Used in Classifying/Grading Position									
Typed Name and Title of Official Taking Action																			
Signature					Date					Information for Employees. The standards, and information on their application, are available in the personnel office. The classification of the position may be reviewed and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the U.S. Office of Personnel Management.									
23. Position Review		Initials		Date		Initials		Date		Initials		Date		Initials		Date			
a. Employee (optional)																			
b. Supervisor																			
c. Classifier																			
24. Remarks																			
25. Description of Major Duties and Responsibilities (See Attached)																			

Instructions for Completing Optional Form 8 POSITION DESCRIPTION

In order to comply with the requirements of FPM Chapter 295, subchapter 3, and other provisions of the FPM, agencies must complete the items marked by an asterisk. Agencies may determine what other items are to be used.

- *1. Enter position number used by the agency for control purposes. See FPM Chapter 312, Subchapter 3.
- *2. Check one.
 - "Redescription" means the duties and/or responsibilities of an existing position are being changed.
 - "New" means the position has not previously existed.
 - "Reestablishment" means the position previously existed, but had been cancelled.
 - "Other" covers such things as change in title or occupational series without a change in duties or responsibilities.
 - The "Explanation" section should be used to show the reason if "Other" is checked, as well as any position(s) replaced by position number, title, pay plan, occupational code, and grade.
3. Check one.
- *4. Enter geographical location by city and State (or if position is in a foreign country, by city and country).
- *5. Enter geographical location if different from that of #4.
6. To be completed by OPM when certifying positions. (See Item 15 for date of OPM certification.) For SES and GS-16/18 positions and equivalent, show the position number used on OPM Form 1390 (e.g. DAES0012).
- *7. Check one to show whether the incumbent is exempt or nonexempt from the minimum wage and overtime provisions of the Fair Labor Standards Act. See FPM Chapter 551.
8. Check box if statement is required. See FPM Chapter 734 for the Executive Personnel Financial Disclosure Report, SF 278. See FPM Chapter 735, Subchapter 4, for the Employment and Financial Interests Statement.
9. Check one to show whether Identical Additional positions are permitted. See FPM Chapter 312, Subchapter 4. Agencies may show the number of such positions authorized and/or established after the "Yes" block.
10. Check one. See FPM Chapter 212 for information on the competitive service and FPM Chapter 213 for the excepted service. For a position in the excepted service, enter authority for the exception, e.g., "Schedule A-213.3102(d)" for Attorney positions excepted under Schedule A of the Civil Service Regulations. SES (Gen) stands for a General position in the Senior Executive Service, and SES (CR) stands for a Career Reserved position.
11. Check one.
 - A "Supervisory" position is one that meets the requirements for a supervisory title as set forth in current OPM classification and job-grading guidance. Agencies may designate first-level supervisory positions by placing "1" or "1st" after "Supervisory."
 - A "Managerial" position is one that meets the requirements for such a designation as set forth in current OPM classification guidance.
12. Check one to show whether the position is non-sensitive, noncritical sensitive, critical sensitive, or special sensitive for security purposes. If this is an ADP position, write the letter "C" beside the sensitivity.

13. Enter competitive level code for use in reduction-in-force actions. See FPM Chapter 351.
14. Agencies may use this block for any additional coding requirement.
- *15. Enter classification/job grading action.
 - For "Official Title of Position," see the applicable classification or job grading standard. For positions not covered by a published standard, see the General Introduction to "Position Classification Standards," Section III, for GS positions, or FPM Supplement 512-1, "Job Grading System for Trades and Labor Occupations," Part 1, Section III.
 - For "Pay Plan" code, see FPM Supplement 292-1, "Personnel Data Standards," Book III.
 - For "Occupational Code," see the applicable standard; or, where no standard has been published, see the "Handbook of Occupational Groups and Series of Classes" for GS positions, or FPM Supplement 512-1, Part 3, for trades and labor positions. For all positions in scientific and engineering occupations, enter the two-digit functional classification code in parentheses immediately following the occupational code, e.g., "GS-1310(14)." The codes are listed and discussed in the General Introduction to "Position Classification Standards," Section VI.
16. Enter the organizational, functional, or working title if it differs from the official title.
17. Enter the name of the incumbent. If there is no incumbent, enter "vacancy."
- *18. Enter the organizational location of the position, starting with the name of the department or agency and working down from there.
19. If the position is occupied, have the incumbent read the attached description of duties and responsibilities. The employee's signature is optional.
- *20. This statement normally should be certified by the immediate supervisor of the position. At its option, an agency may also have a higher-level supervisor or manager certify the statement.
- *21. This statement should be certified by the agency official who makes the classification/job grading decision. Depending on agency regulations, this official may be a personnel office representative, or a manager or supervisor delegated classification/job grading authority.
22. Enter the position classification/job grading standard(s) used and the date of issuance, e.g., "Mail and File, GS-305, May 1977."
23. Agencies are encouraged to review periodically each established position to determine whether the position is still necessary and, if so, whether the position description is adequate and classification/job grading is proper. See FPM Letter 536-1 (to be incorporated into FPM Chapter 536). This section may be used as part of the review process. The employee's initials are optional. The initials by the supervisor and classifier represent recertifications of the statements in items #20 and #21 respectively.
24. This section may be used by the agency for additional coding requirements or for any appropriate remarks.
- *25. Type the description on plain bond paper and attach to the form. The agency position number should be shown on the attachment. See appropriate instructions for format of the description and for any requirements for evaluation documentation, e.g., "Instructions for the Factor Evaluation System," in the General Introduction to "Position Classification Standards," Section VI.

Mail completed form to: Occupational Health, Environmental, &
Safety Services
Confined Space Program Manager
OPS 1
Suite 6404

PRE ENTRY SURVEY (Complete for Permit and Non-Permit Spaces)

DATE (YYYYMMDD)	EMPLOYEE COMPLETING FORM (Last) (First) (MI)	
NAME OF SPACE	ORGANIZATION	LOCATION (Building/Area)
PURPOSE OF ENTRY		
CONTRACTOR NAME (Last) (First) (MI)	COR NAME (Last) (First) (MI)	

IF YOU ANSWER **YES** TO THE FOLLOWING THREE QUESTIONS, THE SPACE MEETS THE CRITERIA FOR A CONFINED SPACE.

	YES	NO
1. IS THE SPACE LARGE ENOUGH AND SO CONFIGURED THAT AN EMPLOYEE CAN BODILY ENTER AND PERFORM ASSIGNED WORK?		
2. DOES THE SPACE HAVE LIMITED OR RESTRICTED MEANS FOR ENTRY OR EXIT?		
3. IS THE SPACE NOT DESIGNED FOR CONTINUOUS OCCUPANCY?		

IF YOU ANSWER **YES** TO ANY OF THE FOLLOWING QUESTIONS, THE SPACE IS A PERMIT-REQUIRED CONFINED SPACE. A CONFINED SPACE ENTRY PERMIT MUST BE COMPLETED PRIOR TO ENTRY UNLESS THE SPACE CAN BE MADE SAFE FOR ENTRY WITHOUT ENTERING THE SPACE, I.E., LOCKING OUT HAZARDOUS ENERGY SOURCES, VENTILATING, ETC.

	YES	NO
1. DOES THE SPACE CONTAIN OR HAVE THE POTENTIAL TO CONTAIN A HAZARDOUS ATMOSPHERE?		
2. DOES THE SPACE CONTAIN A MATERIAL WITH THE POTENTIAL FOR ENGULFMENT?		
3. IS THE SPACE CONFIGURED SUCH THAT AN ENTRANT COULD BE TRAPPED BY INWARDLY CONVERGING WALLS OR A FLOOR THAT SLOPES DOWNWARD AND TAPERS TO A SMALLER CROSS-SECTION?		
4. DOES SPACE HAVE ANY OTHER RECOGNIZED SERIOUS SAFETY OR HEALTH HAZARD?		

CHARACTERISTICS OF THE SPACE

1. WHAT DID THE SPACE LAST CONTAIN?	
2. ARE THERE ANY HAZARDS POSED BY RESIDUE? <input type="checkbox"/> YES <input type="checkbox"/> NO	3. DOES THE CONFIGURATION POSE ANY UNUSUAL PROBLEMS? <input type="checkbox"/> YES <input type="checkbox"/> NO
4. ARE INTERIOR SURFACES POTENTIALLY SLIPPERY? <input type="checkbox"/> YES <input type="checkbox"/> NO	5. ARE THERE ANY PROJECTIONS OR OBJECTS THAT COULD CAUSE CUTS, BUMPS, OR ABRASIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO
6. HOW LARGE IS THE ENTRY PORTAL?	WHERE IS IT LOCATED?

PHYSICAL HAZARDS

	YES	NO
1. DOES THE SPACE CONTAIN ANY MECHANICAL EQUIPMENT?		
2. ARE THERE ANY FLUID LINES ATTACHED?		
3. WILL ANY HAZARDS BE POSED BY PORTABLE EQUIPMENT TAKEN INTO THE SPACE?		
4. IS THERE A POTENTIAL FOR ENGULFMENT?		
5. ARE THERE ANY EXTERNAL HAZARDS SUCH AS EXPOSED ELECTRICAL COMPONENTS, MECHANICAL EQUIPMENT, OR VEHICULAR TRAFFIC?		

OTHER CONSIDERATIONS

	YES	NO
1. WILL ANY NOISE PRODUCING OPERATIONS BE PERFORMED?		
2. ARE THERE ANY POTENTIAL RADIATION HAZARDS POSED BY THICKNESS GAGE SOURCES OR X-RAY EQUIPMENT?		
3. IS THERE ANY POTENTIAL FOR VERMIN OR POISONOUS ANIMALS SUCH AS SPIDERS AND SNAKES?		

ATMOSPHERIC HAZARDS

	YES	NO
1. COULD THE ATMOSPHERE BE DEFICIENT IN OXYGEN?		
2. COULD THE ATMOSPHERE BE OXYGEN ENRICHED?		
3. WHAT AIR CONTAMINANTS MIGHT THE SPACE CONTAIN?		
4. WILL AIR CONTAMINANTS BE INTRODUCED INTO THE SPACE BY PROCESSES LIKE WELDING, SPRAY PAINTING OR SOLVENT CLEANING?		
5. COULD THE ATMOSPHERE BE FLAMMABLE?		
6. DOES THE ATMOSPHERE HAVE THE POTENTIAL FOR BECOMING FLAMMABLE?		

ATMOSPHERIC TESTING LOG

[illegible]

PRE-SOLICITATION/PRE-AWARD CONTRACT/MODIFICATION CHECKLIST

PR#		PR \$		<input type="checkbox"/> CERTIFIED	YEAR/TYPE FUNDS	
<input type="checkbox"/> INCREMENTALLY FUNDED		PRODUCT/SERVICE		<input type="checkbox"/> COMPETITIVE	FOLLOW ON TO COMPETITION?	
<input type="checkbox"/> FULLY FUNDED				<input type="checkbox"/> SOLE SOURCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	
RFP NUMBER		CONTRACT TYPE		<input type="checkbox"/> COMPLETION	NEG	
				<input type="checkbox"/> TERM		
CO (Branch)		PRIMARY COR		(Org)		(Secure Phone)
SOURCES						
CONTRACTOR				CONTRACT/MOD NO.		
ADDRESS				POINT OF CONTACT		
				PHONE		
BASIS OF AWARD		CONTRACT AMOUNT (Basic)		TOTAL CONTRACT VALUE TO DATE		
		\$		\$		
OPTION #		OPTION #		OPTION #		
	\$		\$		\$	
	\$		\$		\$	
PRE-SOLICITATION REVIEW				PRE-AWARD REVIEW		
NEG		DATE		NEG		DATE
CO		DATE		CO		DATE
2ND REV.		DATE		2ND REV.		DATE
LEGAL REVIEW		DATE		LEGAL REVIEW		DATE
NEG	*CO	PRE-SOLICITATION		NOTES		
		1. Minutes from the BSM (> \$1M)				
		2. Highest Classification on File Folder				
		3. Mission Impact/Urgency Statement (MPOAS 315.203(f)(92))				
		4. TAB A (Provided by Technical Element)				
		5. COR Certifications (MPOAS 342.203-92(b))				
		6. Evaluators Certifications (MPOAS 315.305-90)				
		7. PPI (Provided by Technical Element)				
		8. CDRLs (DD 1423s and DD 1664s) (Provided by Technical Element)				
		9. Approved DD 254 (Provided by Technical Element)				
		10. IGCE (Non-Commerical > \$1M) (MPOAS 307.105(a)(3)(90))				

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

NEG	*CO	PRE-SOLICITATION	NOTES
		11. SOW/PD/Other Specifications (Provided by Technical Element)	
		12. Performance Based Acquisition	
		13. Evaluation Plan (FAR 15.304)	
		14. Evaluation criteria/relative weights/significance statement (FAR 15.304, DFARS 215.605, MPOAS 315.304)	
		15. Award Fee Plan (FAR 16.404-2, DFARS 216.404-2)	
		16. Foreign Buy Justification (Provided by Technical Element)	
		17. Acquisition Brief to Chief/DA3 (>\$5M) (MPOAS 307.104-90)	
		18. Milestone Letter (MPOAS 307.104-91)	
		19. GFE - Technical Memo (Provided by Technical Element (MPOAS 345))	
		20. Just. Non-Delegation of Property Admin (MPOAS Table 342.3)	
		21. Justification for Special QA - Tech Memo (FAR 46.202-4)	
		22. Personnel Qualifications	
		23. Use of Technical Assistance KR	
		24. 8(a) Offer and Acceptance Letter	
		25. Technical CICA/Sole Source Justification (Provided by Technical Element)	
		26. Source Selection Information (File Stamp) (MPOAS 303.104)	
		27. SF 98, Wage Deter. (Not for Construction) (FAR 22.1006, MPOAS 322.1006-90)	
		28. Union Notification for Recompensation (FAR 22.1010(a))	
		29. EEO Clearance Request Letter (>\$10M) (FAR 22.805)	
		30. Y2000 Clauses (IT/HW/SW/FW)	
		31. Section 508 Compliance (FAR 39)	
		32. Contains All Proper Clauses	
		33. Past Performance Issues Addressed (FAR 15.3)	
		34. Solicitation contains GFP with appropriate clauses (MPOAS 345.390, 345.106-91))	
		35. DA3 CICA (MPOAS 306.303-90) Approval (MPOAS 306.304-90)	
		36. Advisory and Assistance Services (MPOAS 337)	
		37. GFE - DA3 Memo (MPOAS 345.390)	
		38. Small Business Review (DD 2579) (DFARS 219.201(9)(B), 253.303-2579)	
		39. Davis - Bacon Act (Construction) (FAR 22.403-1, MPOAS 322.404-90)	
		40. Non-Applicability Justification for SCA (FAR 22.1003-4(b)(4)(iii)(A))	
		41. Justification for Use of Pre-Sol Conf. (MPOAS 315.201(h))	
		42. D&F for Oral Solicitation (MPOAS 315.203(f)(91))	
		43. D&F for Foreign Buy (MPOAS 325.102)	
		44. Proximity D&F - KTR Location Approval (MPOAS 315.304(90))	
		45. D&F Organizational Conflict of Interest (MPOAS 309.506)	
		46. CO's Determination to Include Options (MPOAS 317.206)	
		47. CO's Determination to Not Evaluate Options (MPOAS 317.206(b))	
		48. D&F Contract Type (MPOAS 316.6)	

NEG	*CO	PRE-AWARD	NOTES
		49. D&F Personal Services (FAR 37.104, MPOAS 301.690(c)(iii))	
		50. Multiyear D&F & Present Value Analysis (FAR 17.1, DFARS 217.1, MPOAS 317.1)	
		51. Justification of Trade-off	
		52. Approval to Eliminate to One Offeror (MPOAS 315.306(c)(5))	
		53. Technical Evaluation (FAR 15.305)	
		54. EEO Clearance (FAR 22.8, MPOAS 322.805(a)(2))	
		55. DOL Wage Determination/CBA (MPOAS 22.1002-3)	
		56. Small Business Set-Aside Pre-Award Notification (FAR 15.503(a)(2))	
		57. Section K Certifications Addressed	
		58. Adequate Accounting System (FAR 16.104(h))	
		59. Subcontracting Plan Reviewed (MPOAS 319.704, 319.705, >\$500K - Large Business)	
		60. Bid Bond Reviewed (Construction) (FAR 28.101)	
		61. Certified Current Cost & Pricing Data (FAR 15.406-2)	
		62. Copy of DCAA Audit/Desk Audit	
		63. Weighted Guidelines (DD 1547) (DFARS 215.970-973)	
		64. Price Negotiation Memorandum (MPOAS 315.406-3)	
		65. Final Proposal Revision (C/DA3 Approval - 2nd or more) (MPOAS 315.307(e)(i)(b))	
		66. Confirmation of Negotiations Letter	
		67. Approval to Modify UCA (MPOAS 317.7404-90(c), Table 317-2)	
		68. CO's Reasonableness of Price (MPOAS 315.4)	
		69. Negotiator's Memorandum (MPOAS 304.801-90)	
		70. Approval of Award (MPOAS 301.60-2-1)	
		71. Congressional Notification (\$5M Plus) (MPOAS 305.303-70-90)	
		72. IGCE Dev. of 30% (+/-) Documented (MPOAS 307.105(a)(3)(90)(D))	
		73. Approval for Use of Pre Contract Costs (MPOAS 331.205-32(90))	
		74. D&F Fixed Price LOE > \$100K (FAR 16.207-3)	
		75. Approval for Use of Overtime Premiums (MPOAS 322.103-4)	
NEG	*CO	CONTRACT	NOTES
		76. ONE-STEP: (Award <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: without discussions) Procedures followed. (DA3 One-Step Eval. Procurement Handbook)	
		Aborted (approved) (MPOAS Item 77, page 301.90-6)	
		77. Govt Financial Assistance (FAR 32, MPOAS 332 (Progress Payments; etc.))	
		78. Invoices - Copy to COR (MPOAS 332.905-90)	
		79. UCA (DA3 Approval/Urgency Statement) (MPOAS 317.74)	
		80. Approval for Use of Notice of Award	
		81. Letter of Delegation to DCMC (MPOAS 342.202.90)	
		82. Non-Delegation to DCMC Justification (MPOAS 342.202-90)	
		83. GFP Listed in Contract (MPOAS 345)	

[illegible]

DOCID: 3114862
PRICING REQUEST

TO		FROM		DATE	
PR NUMBER		CONTRACT OR RFP NUMBER		PR AMOUNT	
CONTRACTOR			PROGRAM NAME		
CLASSIFICATION (Cost)		(Technical)		CONTRACT TYPE <input type="checkbox"/> SOLE SOURCE <input type="checkbox"/> COMPETITIVE (Copy of PPI and Cost Evaluation criteria attached)	

ACTION TO BE REVIEWED		PR FUNDING BY YEAR AND TYPE			
BASIC	\$		GFY	FUNDING	
OPTION # 1	\$	BASIC			\$
OPTION # 2	\$	OPTION # 1			\$
OPTION # 3	\$	OPTION # 2			\$
OPTION # 4	\$	OPTION # 3			\$
TOTAL	\$	TOTAL			\$

MAJOR SUBCONTRACTORS		AMOUNT		TECH ELEMENT	
1	\$	POINT OF CONTACT			
2	\$	PHONE (Secure) (Non-Secure)			
3	\$				

This ☐ is ☐ is not anticipated to be an unpriced action with a ceiling price of \$

Award date of

- ☐ A Technical Evaluation has been requested and will be forwarded upon receipt.
- ☐ This is an Incentive Contract and the technical element is to address technical risk issues so as to derive incentive range.
- ☐ This is a follow on to Contract No. _____

ADDITIONAL INFORMATION FOR THE COST ANALYST

Please advise the undersigned of the N15 point of contact for this requirement.		CONTRACTING SPECIALIST (N1)		PHONE	
				FAX	

N15 USE ONLY					
DATE RECEIVED		NEGOTIATED AMOUNT		AUDIT REQUESTED	
FEE/PROFIT %		D & B RATING		ASSIGNED TO	
SAVINGS AMOUNT		AUDIT RECEIVED		COMPLETION DATE (Negotiations) (PNM sent to CO)	

DOCID: 3114863 **PRINTING AND BINDING REQUISITION** **SF 1** To the PUBLIC PRINTER Please furnish the following:

FROM (Department or Government Establishment)

JACKET NO. (Assigned at GPO)

☐ Red
☐ Black

REQUISITION NO.

(Bureau or Office)

DATE

APPROPRIATION CHARGEABLE/APPLICABLE LAW

BILLING ADDRESS CODE (BAC)

AUTHORIZED BY

TITLE

QUALITY LEVEL

FORM NO

QUANTITY (Units of finished products)

FINISHED PRODUCT (Check One)

☐ Books or Pamphlets ☐ Blank Forms (Sheets) ☐ Sets ☐ Pads or Tablets ☐ Other (Specify)

CLASSIFICATION

THIS ORDER RIDES (Department)

(Requisition No.)

(Jacket No.)

STRAP WITH REQUISITION NO.

PAPER STOCK AND INK	Text		FIRST CHOICE (Grade, color, and basis weight)		SECOND CHOICE (if any)		COLOR(S) OF INK							
	Cover													
	OTHER(Specify)													
COMPOSITION	FURNISHED (Magnetic tape)		(Negatives)		(Camera Copy)		(Manuscript)		(Shoot printed copy)		PREVIOUS JACKET/REQ (if reprint)			
	<input type="checkbox"/> Direct Drive <input type="checkbox"/> Other													
	TEXT TYPE (Point, Face, Lead/Solid)		DISPLAY TYPE (Face)		MARGINS (After trim) Picas/inches		Back/Left Top Other		FOL. LIT.		FORMS MUST REGISTER TYPEWRITER SPACING			
PRESS AND BINDERY	TYPE PAGE WIDTH (Picas)		No. of Cols.		Col. Width		TYPE PAGE DEPTH (Include running head but not bottom total)		ILLUSTRATIONS (Total)		PICK UP FROM: Jacket No. Req. No. RESTORE TO ORIGINAL JACKET		HOLD REPRODUCIBLES (Specify) (Negs., type, mag. tape) Weeks	
	PRINT ONE SIDE ONLY		HEAD TO HEAD		HEAD TO FOOT		OTHER		COVER PRINTS 1 2 3 4		EMBOSS		RULING (Print or Bindery)	
	SIZE FLAT (Inches)		FORMS, SETS, PADS		X		FOLD TO (Inches)		X		SIZE TRIMMED PAGE (Inches)		PAGES	
	WIRE STITCH (Side)		(Saddle)		(No.)		PASTE ON FOLD		LOOSELEAF		ADHESIVE BOUND		SEW	
	PAD/SETS (Gum)		(Stitch)		(Pos.)		(Sheets in Pad)		(Sets in Pad)		(Sheets in Set)		PUNCH/DRILL (Shape)	
	GATHER (Explain)													
PROOFS AND DELIVERY	REQUESTED PROOF DATE		PROOF SETS (Galley)		(Page)		DEPT. HOLD (Workdays) (Galley)		(Pages)		PROOFS TO			
	REQUESTED DELIVERY DATE		KRAFT WRAP		SHRINK FILM		BAND IN SETS		SUITABLE		OTHER PACKAGING (Specify)		QUANTITY IN PACKAGE	
	DELIVER TO												PACK IN CARTONS	

ADDITIONAL INFORMATION

FOR ADDITIONAL INFORMATION CONTACT (Name and Telephone Number)

BILLING ADDRESS (If BAC has not been assigned)

I certify that this work is authorized by law and necessary to the conduct of the business of the above-mentioned government establishment.

STANDARD FORM 1 (Rev. July 1979)
 Prescribed by GPO
 Title 44 of the U.S. Code Control No. 1-110

(Authorizing Signature)

(Title)

NSN 7540-00-634-3955 PREVIOUS EDITION NOT USABLE

SECURITY CLASSIFICATION (if any)

Please PRINT or TYPE!!

Submit two (2) copies.

PRIVACY ACT INFORMATION REQUEST

NOTE: False statements subject to criminal penalties. See Public Law 93-579, 88 stat. 1902 (5 U.S.C. 552a(i))

Privacy Act Statement: Authority for collecting information requested on this form is contained in 5 U.S.C. 552(a); 50 U.S.C. 402 note and Executive Order 12333. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA06, 03, 09, 10 and GNSA17 apply to this information. Authority for requesting your Social Security Number is Executive Order 9397. The information provided will be used (primarily) to identify the individual requesting Agency records and to identify the record(s) requested. Disclosure of requested information, including your SSN, is voluntary. However, failure to furnish requested information, other than your SSN, may result in the delay or denial of the processing of your request.

SECTION I - REQUESTER AND RECORD IDENTIFICATION (Mandatory)

REQUESTER NAME (Last)	(First)	(MI)	SOCIAL SECURITY NUMBER	ORGANIZATION			
HOME ADDRESS (Street)					(City)	(State)	(ZIP Code)
PHONE NUMBER (Secure)	(Non-Secure - include Area Code)		(Home - include Area Code)		RECORD(s) REQUESTED FOR: <input type="checkbox"/> REVIEW <input type="checkbox"/> COPY		
SIGNATURE (Only required if requested record(s) for yourself)				DATE (YYYY-MM-DD)			
DESCRIPTION OF REQUESTED RECORD(s) (Please be specific)							

INDIVIDUAL WHOSE RECORD IS BEING SOUGHT IF OTHER THAN REQUESTER

NAME (Last)	(First)	(MI)	HOME PHONE NUMBER (Include Area Code)			
HOME ADDRESS (Street)			(City)	(State)	(ZIP Code)	SOCIAL SECURITY NO.
DELIVERY OF RECORD(s) <input type="checkbox"/> MAIL TO MY HOME ADDRESS <input type="checkbox"/> I give permission for the individual listed above as the "REQUESTER", to retrieve these records on my behalf.			SIGNATURE			DATE
REPRESENTATIVE'S LEGAL CAPACITY (Copy of authorizing document must be attached, e.g., court's guardianship order, power of attorney, etc.)						
(Printed Name)			(Signature)		(Title)	

SECTION II - FOR AGENCY USE ONLY

REMARKS		
OFFICIAL'S SIGNATURE	OFFICIAL'S TITLE	DATE

ATTENTION: PLEASE READ PRIOR TO COMPLETION OF ANY FORMS

PRIVACY ACT OF 1974 NOTICE

In accordance with the Privacy Act of 1974 (*Public Law 93-579, 5 U.S.C. 552a*), you are hereby notified that:

(1) Public Law 86-36, Public Law 88-290, Title 5 U.S.C.; Executive Order 10450, Executive Order 12958, and Executive Order 12333; Director of Central Intelligence Directive 1/14; NSA/CSS PMM Chapter 808 authorize the National Security Agency/Central Security Service to receive and maintain personal information on applicants and employees.

(2) The information is required to determine and assess your qualifications and suitability for NSA/CSS employment and for access to sensitive cryptologic information and NSA/CSS facilities.

(3) The information is to be furnished to officials of NSA/CSS and of other Federal Agencies charged with investigating and evaluating the applicant's qualifications and suitability. Information provided by you, including information on possible or actual violations of criminal laws, will be disseminated as appropriate to Federal, state and local authorities with law enforcement responsibilities. NSA's Blanket Routine Uses, found at 58 Fed. Reg. 10,531 (1993) apply.

(4) Disclosure of the requested information is voluntary. If you do not provide the requested information, this may result in processing delays or the inability of the Agency to reach a final determination with respect to employment, clearance, and access to NSA/CSS spaces and information.

The request for your social security number is authorized by Executive Order 9397. Providing it is voluntary. It will be used to identify you during the investigations and evaluations referred to above. Failure to provide it will delay your processing.

A COPY OF THIS NOTICE IS AVAILABLE FOR YOUR RETENTION UPON YOUR REQUEST

I certify that I have read and understand the above.	SIGNATURE	DATE
--	-----------	------

FORM P1613A REV NOV 98 (*Supersedes P1613A REIN NOV 90 which is obsolete*)
NSN: 7540-FM-001-0262

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

FOR USE WITH FORM FD-258, FINGERPRINT CARD, ONLY

DOCID: 3114866
PROCUREMENT REQUEST

SOURCE SELECTION INFORMATION
- SEE FAR 3.104

1. PAGE OF		2. PR NUMBER		AMEND. NUMBER	
DATE	3. PR/AMEND	4. DESIRED/REQUIRED	5. PRIORITY		6. PLANT EQUIPMENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> WORK IN PROCESS
7. TO		8. THRU			9. FROM
10. PROGRAM / TASK					
11. ORIGINATOR OF REQUEST (Name, organization, phone no.)			12. PREPARED BY (Typed name, signature, phone no.)		
13. SHIP TO / MARK FOR			14. INTERNAL DELIVERY INSTRUCTIONS (org, building, room no. recipient, phone no.)		
15. SUGGESTED SOURCES (Name, address, zip code, phone no.)					

I		A		16. INSPECTION AND ACCEPTANCE		I		A		16. INSPECTION AND ACCEPTANCE	
				ORIGIN BY		DCAS				DESTINATION BY PROJECT ENGINEER / REPRESENTATIVE	
						PROJECT ENGINEER / REPRESENTATIVE				SEE ATTACHMENTS	
17. ITEM NO.	SUBLN ITEM NO.	ACR	DESCRIPTION OF SUPPLIES / SERVICES (Include manufacturer's name and part number if available)				QUANTITY	UNIT	COST UNIT TOTAL		

TEMPEST SAFEGUARDS NECESSARY:
☐ YES ☐ NO ☐ NOT APPLICABLE

The PR is authorized to deviate by % of the total amount cited without returning to originating organization.

18. ACCOUNTING CLASSIFICATION (Start typing extreme left margin and type one line for each Fund Cite)				19. GRAND TOTAL	
21. FOR ORIGINATING ORGANIZATION'S USE				20. ATTACHMENTS	
22. SPECIFIC ITEM CERTIFICATION <input type="checkbox"/> ITEMS REQUESTED HEREIN ARE THE ONLY MATERIALS WHICH WILL SATISFY THIS TECHNICAL REQUIREMENT OF THE ORIGINATING OFFICE AND EQUIVALENT ITEMS ARE NOT ACCEPTABLE.				TAB A SPECIFICATIONS / PD STATEMENT OF WORK DD 1423 / PP-LYN-EM-2F DD254 SB DISSOLVED MEMO SADPPO APPROVAL DD1149 APERTURE CARDS DRAWING PRINTS / ORIGINALS SF 98 PG. 2 MANUAL MANUSCRIPT BRIEF SHEET / SAP SINGLE SOURCE/SPECIFIC CICA OTHER	
23. FOR PLANT EQUIPMENT <input type="checkbox"/> ORIGINATOR HAS SCREENED THE MASTER PEAS LISTING FOR ALL CPO ACCOUNTS LOCATED AT THE FORT MEADE / FANX COMPLEXES AND THIS ITEM IS NOT AVAILABLE FROM EXISTING RESOURCES.					
24. APPROVAL OF REQUIREMENT (Typed name, title, signature, date)				25. ASSIGNED TO L4 USE DATE INITIALS	
26. L1 USE	NAME FEDERAL SOURCE SCREENING COMPLETED, REASON FOR NON-FEDERAL ACQUISITION (NAME / DATE) <input type="checkbox"/> NON-AVAILABILITY (DELIVERY) (COST)			DATE	
27. CERTIFICATE OF AVAILABILITY I Certify that funds cited herein are available and are committed. Obligations incurred pursuant to this authority shall not exceed the dollar value stated hereon without approval or an amendment to this authority.				FINANCE AND ACCOUNTING USE - AVAILABILITY OF FUNDS: Funds are not presently available for this procurement. The Government obligation hereunder is contingent upon the availability of appropriated funds from which payment for the contract proposed is made. No legal liability on the part of the Government for payment shall arise unless and until funds are made available to the Contracting Officer for this procurement and notice of such availability, to be confirmed in writing by the Contracting Officer, is given to the Contractor.	
SIGNATURE		DATE		SIGNATURE	
				DATE	

PROCUREMENT REQUEST
(Continuation Sheet)

SOURCE SELECTION INFORMATION
- SEE FAR 3.104

1. PAGE

PAGES

2. PR NUMBER

AMEND. NUMBER

OF

ITEM NUMBER	DESCRIPTION OF SUPPLIES / SERVICES (Include manufacturer's name and part number if available)	QUANTITY	UNIT	COST	
				UNIT	TOTAL

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

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

SECURITY CLASSIFICATION

PRODUCT PUBLICATION REQUEST

1. Prepare this form in triplicate and forward those copies, along with your report to Y197. Y197 will complete Job Number and Date Distributed fields and will return one copy to the originating office and one copy to P0513.
2. "SPECIAL" distributions require prior P0513 approval. Please bring your proposed "SPECIAL" distribution to P0513 at 2C099, or call 963-5906s for approval. Please be aware that certain organizations have different addresses for electrical and hard copy product.

PRODUCT SERIAL	Y197 JOB NUMBER
DATE OF REPORT	DATE DISTRIBUTED
REPORT TITLE	

DISTRIBUTION (Include Distribution Symbol and any "Plus", "Less", and/or Microfiche Addressees. For "SPECIAL", list all addressees).

ORIGINATOR'S NAME	ORGANIZATION	SECURE PHONE
RELEASING AUTHORITY	DATE RELEASED	

PRINTING REQUIREMENTS

NO. OF MASTERS	COPIES	MICROFICHE
PRINTING INSTRUCTIONS		

NAME (Last)	(First)	(Middle)	SSN
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Approved for Release by NSA on
02-16-2007, FOIA Case #42877

PROGRESS PAYMENT APPROVAL

TO		FROM		DATE
NUMBER	CONTRACT		CONTRACTOR	
	PROGRESS PAYMENT		AMOUNT	

1. Attached is one (1) copy of subject contractor's request for Progress Payment.
2. Please review said request and advise the Contracting Officer whether or not the contractor's technical progress of the work under the contract is commensurate with the amount billed on the SF 1443.
3. Paragraph "C" of the Progress Payment clause (*FAR 52.232-16*) lists a number of adverse conditions, as defined in FAR 32.503-6, including failure to make progress and unsatisfactory financial conditions which may be cause for suspension or reduction of Progress Payments or an increase in the rate of liquidation. If any of these conditions are found to exist they will be referred immediately to the Contracting Officer. The Contracting Officer, after appropriate collaboration with N15, N411 and your office, will make a decision whether to suspend or reduce Progress Payments or revise the liquidation rate until the problem(s) are resolved with the contractor.
4. It is further requested that this office be notified in writing, of your findings NO LATER THAN the date indicated.

DUE DATE		CONTRACTING/PROCUREMENT OFFICER	
TO	THRU	FROM	COMMENT NO. 2
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <i>(Specify below)</i>	PROGRESS PAYMENT NUMBER	NAME	TITLE
REMARKS			

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

ACCOUNTING CLASSIFICATION

CONTRACT NUMBER

ITEM NUMBER	DESCRIPTION	QTY	UNIT PRICE	TOTAL PRICE
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*PCD - Portable Computing Device

RESPONSIBILITY STATEMENT

SIGNATURE	USER	DATE	
	PROPERTY OFFICER		

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02-16-2007, FOIA Case #42877

PROSPECTIVE CHILD CARE EMPLOYEE CRIMINAL HISTORY BACKGROUND INVESTIGATION CONSENT

PRIVACY ACT STATEMENT

AUTHORITY FOR REQUESTING INFORMATION: Public Law 101-647; GNSA09 and GNSA10.

AUTHORITY FOR REQUESTING SOCIAL SECURITY NUMBER: Executive Order 9397.

PRINCIPAL PURPOSE(S) FOR WHICH INFORMATION WILL BE USED: To conduct a criminal history background investigation to determine eligibility for a position involving the provision of child care services.

ROUTINE USES(S) OF INFORMATION: Certification as to your eligibility for a position involving the provision of child care services at an NSA facility or a facility operated under contract with NSA will be provided to Children's World, Inc. NSA's Blanket Routine Uses, found at 50 Fed. Reg. 22,584 (1985) also apply.

DISCLOSURE OF INFORMATION: Mandatory.

EFFECT ON INDIVIDUAL IF REQUESTED INFORMATION IS NOT PROVIDED: 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. Failure to provide your SSN may delay the processing of your background investigation.

As an employee or prospective employee of Children's World Inc., you are, or will be, in a position which involves the provision of child care services to children under the age of 18 at a facility operated under contract with NSA. Public Law 101-647 requires that a criminal history investigation be conducted on all individuals either currently in or applying for such position. Therefore, by law, the National Security Agency is required to conduct a criminal history background investigation on you.

The information provided on the attached security forms and your employment application with Children's World, will be reviewed solely to determine your eligibility to provide child care services in accordance with P.L. 101-647 and implementing regulations. You are not being sponsored for, nor will you receive, a security clearance for access to classified information. Disclosure of the information is mandatory; failure to provide the information will render you ineligible to provide child care services at an NSA facility or facility operated under contract with NSA.

Your signature below acknowledges that you are aware that consent to this records check is a condition of employment at an NSA facility or facility operated under contract with NSA. Your signature also acknowledges that you have a right to obtain a copy of the criminal history reports made available to NSA and the right to challenge the accuracy and completeness of any information contained in the reports in accordance with the provisions of the Privacy Act.

I certify I have read and understand the above.

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

FORM G6747 JUL 93
NSN: 7540-FM-001-5434

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02-16-2007, FOIA Case # 42877

PS / AFTER HOURS CHECK

Privacy Act Statement: Auth for requesting info: 50 U.S.C. 402 ~~note~~, 50 U.S.C. 797; Executive Orders 12333 and 12958; and DCID 6/3. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA01, GNSA03, and GNSA10 apply to this info. Auth for requesting SSN: EO 9397. Info you provide will be used to verify your identity and access level. Disc of requested info, including your SSN, vol. However, failure to furnish requested info, other than your SSN, may delay or prevent Agency from processing mandatory security check.

NAME		BADGE COLOR	SOCIAL SECURITY NUMBER
ORG. (if applicable)		SPONSOR (if applicable)	
DATE (YYYYMMDD)	TIME	LOCATION OF INDIV WHEN CHECKED	
CHECKED BY			
REMARKS			

FORM G6923 REV JAN 2001

NSN: 7540-FM-001-1263

SIZE 5" x 3"**FORM AVAILABLE ON LIGHTWEIGHT CARDSTOCK
THROUGH THE AGENCY STOCK SYSTEM**

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

SECURITY CLASSIFICATION (if any)

EMPLOYEE SELECTION PROGRAM

PSYCHOLOGICAL EVALUATION REPORT

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

1. PSYCHOLOGICAL ASSESSMENT BATTERY ADMINISTRATION

TECHNICIAN

DATE (YYYYMMDD)

OBSERVATIONS

☐ COMPLETED QUICKLY _____ MINUTES

2. PSYCHOLOGICAL ASSESSMENT BATTERY REVIEW

PSYCHOLOGIST

DATE (YYYYMMDD)

INTERVIEW FOCUS

☐ WITHIN NORMAL LIMITS/MMPI-2☐ ESSENTIALLY NEGATIVE PERSONAL HISTORY

3. CLINICAL INTERVIEW

PSYCHOLOGIST

DATE (YYYYMMDD)

KEY FINDINGS

☐ NO SIGNIFICANT HISTORY/ISSUES

RISK RATING:

☐ LOW☐ MODERATE☐ HIGH☐ RECOMMEND DISCUSSION AT
PERSONNEL EVALUATION PANEL (PEP)

4. PSYCHOLOGICAL EVALUATION REVIEW

PSYCHOLOGIST

DATE (YYYYMMDD)

CONCLUSIONS

☐ No indication of vulnerability to poor judgement, unreliable behavior or significantly impaired functioning☐ No indication of substantial risk for poor judgement, unreliable behavior or significantly impaired functioning

RISK RATING:

☐ LOW☐ MODERATE☐ HIGH☐ REFER FOR DISCUSSION AT PEP

5. PERSONNEL EVALUATION PANEL

REPRESENTATIVE

DATE (YYYYMMDD)

FINAL RISK RATING:

☐ LOW☐ MODERATE☐ HIGH☐ PSYCHOLOGICAL RISK COUNSELING

FINAL PEP DECISION:

☐ Continue Processing☐ Discontinue Processing☐ No Decision☐ Return to Panel after BI/RePG/RePsych

SECURITY CLASSIFICATION (if any)

PSYCHOLOGICAL SERVICES' REASSIGNMENT QUESTIONNAIRE *Use Page 6 for Additional Comments*

TODAY'S DATE (YYYY-MM-DD)

NAME (Last)	(First)	(MI)	AGE	SSN	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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FOR AGENCY AFFILIATES ONLY

<input type="checkbox"/> CIVILIAN	<input type="checkbox"/> MILITARY	<input type="checkbox"/> PCS	<input type="checkbox"/> TDY	<input type="checkbox"/> SPECIAL DUTY	JOB TITLE	RANK OR GS LEVEL (if applicable)
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FOR ALL TO COMPLETE

EDUCATION (Highest grade or degree)	MARITAL STATUS
	<input type="checkbox"/> SINGLE <input type="checkbox"/> ENGAGED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> REMARRIED

CHILDREN NAMES			AGE	CHECK APPLICABLE COLUMN			WILL ACCOMPANY YOU?	
(Last)	(First)	(MI)		BIOLOGICAL	ADOPTED	STEPCHILD	YES	NO

Please respond truthfully to the following questions. Failure to do so can negatively affect your selection. Your responses are considered confidential psychological information, and handled accordingly. For "YES" responses, please provide comments.

FAMILY OF ORIGIN:	YES	NO	COMMENTS
1. Were you raised by your biological parents? (if NOT, who raised you?)			
WAS THERE:			
2. Any abuse in your household?			
3. Neglect of you and/or your siblings?			
4. A serious rift in your relationship with a parent or sibling?			
5. Alcohol or drug abuse?			
6. Criminal behavior by a family member?			
7. A major psychiatric disorder (e.g. manic-depressive illness/bipolar disorder, schizophrenia, clinical depression) on the part of a family member?			
8. An attempted or actual suicide by a family member?			
9. A psychiatric hospitalization of a family member?			
10. Accidental or violent death of a family member?			

SECURITY CLASSIFICATION (if any)

Use Page 6 for Additional Comments

WORK:	YES	NO	COMMENTS
IN THE LAST 3 YEARS, HAVE YOU _____ AT WORK?			
11. Been counseled for performance problems			
12. Had conflicts with managers or co-workers			
13. Been the subject of an investigation or complaint			
14. Been the subject of an administrative action (formal counseling, suspension, etc.)			
15. Been involuntarily transferred or removed from your position			
16. Had your security clearance suspended or revoked			
(Military ONLY)			
17. Received a letter of counseling, Article 15, Captain's mast, etc.			
MARRIAGE:	YES	NO	COMMENTS
HAVE YOU AND/OR YOUR SPOUSE (or intimate partner) EVER:			
18. Been unfaithful?			
19. Separated due to conflict?			
20. Had physical altercations?			
21. Had marriage or couples counseling?			
22. Initiated a legal separation?			
23. Divorced?			

SECURITY CLASSIFICATION (if any)

Use Page 6 for Additional Comments

CHILDREN:	YES	NO	COMMENTS
HAS ANY OF YOUR CHILDREN:			
24. Had disciplinary problems in school?			
25. Been suspended or expelled from school?			
26. Failed out of school?			
27. Had a learning disability?			
28. Been diagnosed with Attention Deficit Disorder (ADD or ADHD)?			
29. Been diagnosed with conduct disorder or oppositional defiant disorder?			
30. Been prescribed medication, e.g. Ritalin, Adderall, Dexedrine for ADD/ADHD?			
31. Had a speech problem requiring speech therapy?			
32. Had a physical disability that could affect his or her learning?			
33. Been diagnosed as mentally retarded?			
34. Been diagnosed as having pervasive developmental disorder?			
35. Had an IEP (Individual Educational Plan)?			
36. Been on medication for anxiety, depression, or other psychological disorder?			
37. Been diagnosed with bipolar disorder or schizophrenia?			
38. Been hospitalized for a psychiatric condition?			
39. Been in psychiatric or psychological treatment?			
40. Abused alcohol or drugs?			

NAME AND AGES OF CHILDREN WITH ANY ISSUES PERTAINING TO QUESTIONS #24-40

41. Will this child/these children accompany you on the assignment?			
42. If so, do you have a plan for follow-up care for the assignment?			

SECURITY CLASSIFICATION (if any)

Use Page 6 for Additional Comments

PSYCHOLOGICAL ISSUES:	YES	NO	COMMENTS
IN THE LAST YEAR, HAVE YOU, FOR A WEEK OR MORE:			
43. Felt sad, blue, moody, "down in the dumps"?			
44. Had difficulty concentrating, remembering?			
45. Had difficulty falling asleep or staying asleep?			
46. Had fatigue or low energy?			
47. Been very irritable?			
48. Constantly worried, feared the worst?			
49. Cried easily?			
50. Felt hopeless, pessimistic about the future?			
51. Had very low self-esteem and confidence?			
52. Felt restless, unable to sit still?			
53. Had unusual energy and required little sleep?			
54. Had extreme mood swings?			
55. Often felt angry?			
56. Been worried that you might lose control?			
HAVE YOU EVER:			
57. Had a serious head injury/concussion?			
58. Had a learning disability?			
59. Been the victim of violence?			
60. Been traumatized?			
61. Been severely depressed, so that it interfered with your normal activities?			
62. Intentionally hurt yourself?			
63. Assaulted or intentionally harmed anyone?			
64. Had urges or impulses you were unable to control?			
65. Been evaluated for a psychological or psychiatric problem?			
66. Been given a psychiatric diagnosis?			

SECURITY CLASSIFICATION (if any)

Use Page 6 for Additional Comments

PSYCHOLOGICAL ISSUES: (Continued)	YES	NO	COMMENTS	
HAVE YOU EVER:				
67. Been treated by a mental health professional?				
68. Been hospitalized for a psychiatric problem?				
69. Taken medication for a psychological or psychiatric condition?				
<i>(For Women ONLY)</i>				
70. Had postpartum depression or other psychiatric problems after giving birth?				
71. Had premenstrual dysphoric disorder (PMDD) or premenstrual syndrome (PMS)?				
SUBSTANCE USE:	YES	NO	COMMENTS	
72. Have you ever been addicted to a legal or illegal drug?			If so, to what, and when?	
73. Do you drink alcoholic beverages?			How often?	How many drinks per occasion?
			When were you last intoxicated?	How many drinks do you allow yourself if you have to drive?
74. Have you had any problems (including medical ones) or incidents which have resulted from drinking?				
75. Do you believe any of your biological relatives were or are alcoholics?				
76. Are you a smoker?			If so, how many cigarettes per day?	
77. Is overeating a problem for you?				
78. Have you ever been diagnosed with an eating disorder (anorexia, bulimia)?				
LAW ENFORCEMENT:	YES	NO	COMMENTS	
79. Have you ever been arrested or detained by civilian or military authorities?			If so, when, for what, and what was the outcome?	
FINANCES:	YES	NO	COMMENTS	
80. Have you ever declared bankruptcy?			If so, when and what were the circumstances?	
81. Have you ever had your wages garnisheed?			Circumstances?	
HAVE YOU HAD FINANCIAL PROBLEMS AS A RESULT OF:			Circumstances?	
82. Gambling?				
83. Overspending?			Circumstances?	

DOCID: 3114898

SECURITY CLASSIFICATION (if any)

ADDITIONAL COMMENTS (Please reference Item Number with each comment)

PSYCHOLOGICAL TESTING ORDER

DATE ORDERED (YYYY-MM-DD)		PSYCHOLOGIST		RECEIVING TECHNICIAN	
NAME (Last)		(First)		(MI)	
				SSN	
<input type="checkbox"/> MILITARY <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> CONTRACTOR		DOB (YYYY-MM-DD)			
TEST (YYYY-MM-DD)		(Time - HH:MM)			
YEARS OF EDUCATION					
<input type="checkbox"/> 12-HIGH SCHOOL <input type="checkbox"/> 14-ASSOCIATE'S DEGREE <input type="checkbox"/> 16-BACHELOR'S <input type="checkbox"/> 18-MASTER'S <input type="checkbox"/> 20-Ph.D.					
MARITAL STATUS					
<input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> CO-HABITATING <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED					
	TEST	COMMENTS			
	AUI				
	BAI				
	BDI-2				
	DRAWINGS				
	MCMI-III				
	MMPI-A				
	MMPI-2				
	SAVVY RECRUITER				
	SENTENCE COMPLETION				
	SHIPLEY				
	WONDERLIC				
	16PF				

DOCSID: 3114901

Standard Form 103
Revised October 1987
Department of the Treasury
1 TFM 4-2000
1034-121

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION

DATE VOUCHER PREPARED

SCHEDULE NO.

CONTRACT NUMBER AND DATE

PAID BY

REQUISITION NUMBER AND DATE

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

PAYEE'S
NAME
AND
ADDRESS

SHIPPED FROM

TO

WEIGHT

GOVERNMENT B/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT (1)
				COST	PER	

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

TOTAL

PAYMENT:

- ☐ PROVISIONAL
- ☐ COMPLETE
- ☐ PARTIAL
- ☐ FINAL
- ☐ PROGRESS
- ☐ ADVANCE

APPROVED FOR

=\$

EXCHANGE RATE

=\$1.00

DIFFERENCES

BY ²

TITLE

Amount verified; correct for

(Signature or initials)

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date)

(Authorized Certifying Officer)

(Title)

ACCOUNTING CLASSIFICATION

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE ³	

- 1 When stated in foreign currency, insert name of currency.
- 2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.
- 3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: John Doe Company, per "John Smith, Secretary", or "Treasurer", as the case may be.

PER

TITLE

Previous edition usable

NSN: 7540-00-900-2234

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

DO NOT WRITE IN THESE SPACES
3114902

Standard Form 104-1
Revised October 1989
Department of the Treasury
1 TFM 4-2000
1034-121

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION

DATE VOUCHER PREPARED

SCHEDULE NO.

CONTRACT NUMBER AND DATE

PAID BY

REQUISITION NUMBER AND DATE

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

PAYEE'S
NAME
AND
ADDRESS

SHIPPED FROM

TO

WEIGHT

GOVERNMENT B/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT
				COST	PER	

(Use continuation sheet(s) if necessary)

(Payee must NOT use the space below)

TOTAL

PAYMENT:

- ☐ PROVISIONAL
- ☐ COMPLETE
- ☐ PARTIAL
- ☐ FINAL
- ☐ PROGRESS
- ☐ ADVANCE

DIFFERENCES

Amount verified; correct for

(Signature or initials)

MEMORANDUM

ACCOUNTING CLASSIFICATION

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE		

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

DOCID: 3114903
PUBLICATION LOAN RECORD

TITLE OF BOOK		CALL NO.
BORROWER'S NAME	ORG.	SECURE PHONE
DATE BORROWED	NEED (How long?)	

FORM H3593 REIN MAR 95
NSN 7540-FM-001-3887

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

DQCID: 3114904

PUBLICATION/REPRODUCTION REQUISITION

TO: ☐ Y192, Room 22, SAB 2, 972-2217 / 8 (secure), 688-6472 (non-secure)
☐ Y192, Room C1W44, Ops 3, 972-2435 / 2565 (secure), 688-8104 (non-secure)
☐ Y196, Room 2C105, Ops 1, 963-4936 (secure), 688-7990 (non-secure)
☐ Y196, Room A1332, FANX II, 968-7325 (secure), 859-6410 (non-secure)

REQUESTED COMPLETION DATE

REQUESTER (Name of responsible person)	SID	ORG	LOCATION	PHONE (Secure/Non-Secure)
RECIPIENT	SID	ORG	LOCATION	PHONE (Secure/Non-Secure)

DESCRIPTION OF ORIGINAL MATERIAL (Title of document, etc.)

CLASSIFICATION

NUMBER OF ORIGINALS	COPIES EACH	SIZE OF REPRODUCTION	<input type="checkbox"/> DISTRIBUTION <input type="checkbox"/> MAIL BACK <input type="checkbox"/> PICK UP
---------------------	-------------	----------------------	---

TSC	SECRET
SC	CONF
TS	UNCL

SPECIAL INSTRUCTIONS

BINDERY
(Check all applicable blocks)

Collate	Saddle Stitch
Copy No.	Spiral Bind
Perfect Bind	Staple
Punch	Tape Bind

CERTIFICATION

I certify that I am authorized to request these services which are necessary to conduct Government business; the request complies with all Government and Agency Regulations.

MICROFORM CONTROL NUMBER (if applicable)

SIGNATURE (Certifying authority)	RECEIVED ORIGINALS & REPRODUCTIONS	DATE
----------------------------------	------------------------------------	------

FORM H61 REV MAR 97 (Supersedes H61 REV NOV 96 which is obsolete)

NSN: 7540-FM-001-0026

FORM SIZE 5" X 8"

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

DO NOT PUBLISH 3-11-905 PUBLICATION VIDEO CONSENT RECORD

I understand there is a videotape being taken of me pertaining to the program and on the date indicated below. My consent indicates that I hereby assign and authorize the producer all rights, including the right to reproduce, copy, exhibit, publish or distribute the resulting videotapes or still photographs.

PROGRAM		DATE (YYYY-MM-DD)	
HAVE YOU HAD A SENSITIVE TDY OR PCS ASSIGNMENT DURING THE LAST FIVE YEARS? <input type="checkbox"/> YES (provide details) → <input type="checkbox"/> NO	ORGANIZATION(s)	DATE (YYYY-MM-DD)	
		FROM	TO

I ☐ do ☐ do not consent to publication in an **UNCLASSIFIED** forum.

ALL FIELDS MUST BE COMPLETED!!

My signature indicates that I understand that my appearance in a publicly released unclassified or FOUO video may impact future assignments involving anonymity. **NOTE: A CLASSIFIED video will NOT impact future assignments involving anonymity.**

NAME (Last)		(First)	(MI)	SIGNATURE
ORGANIZATION	PHONE (Secure)		(Non-Secure)	DATE (YYYY-MM-DD)
RETURN TO (Check appropriate block) <input type="checkbox"/> DI Office of Corporate Communications Suite 6577 Ops 3, Room C2B49 <input type="checkbox"/> NSA Television Center Suite 6813 FANX 2, A2A035 <input type="checkbox"/> NSA Broadcast Network Suite 6103 Ops 1, Room 3E047				RETURN NLT DATE (YYYY-MM-DD)

WHETHER OR NOT YOU GIVE YOUR CONSENT!!

FORM P7321A NOV 2000

FOR OFFICIAL USE ONLY

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

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

PURCHASE REQUEST WORKSHEET

DATE OF REQUEST (YYYY-MM-DD)		REQUEST NO.		PROJECT NO./NAME	
TO	THRU	FROM (Div., Br., or Staff)	ORIGINATOR (Last)	(First)	(MI) PHONE (Secure) (Non-Secure)
DATE DESIRED (Contractor quote & Admin. Leadtime) (YYYY-MM-DD)		CONTRACTOR QUOTED DELIVERY TIME AFTER RECEIPT OF AWARD		EMERGENCY (Check appropriate block. If "YES", justify on Page 3) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IMMEDIATE <input type="checkbox"/> URGENT If YES, check applicable block	
SOURCE DATA <input type="checkbox"/> SUGGESTED <input type="checkbox"/> SPECIFIC ITEM (Justify on Page 3) <input type="checkbox"/> SINGLE (Justify on Page 3)		SOURCE(s) OF SUPPLY (Company, complete address, zip code and telephone no.)			
IS TECHNICAL DOCUMENTATION REQUIRED? <input type="checkbox"/> YES (If "Yes", make an item entry below in "Description of Material") <input type="checkbox"/> NO			THE PROCUREMENT ACTIVITY IS AUTHORIZED TO DEVIATE BY _____ % OF THE TOTAL AMOUNT CITED BY THIS PR.		
INSPECTION AND ACCEPTANCE PERFORMANCE (Check ONE only) <input type="checkbox"/> AT ORIGIN BY DCAS <input type="checkbox"/> AT ORIGIN BY PROJECT ENGINEER OR REPRESENTATIVE <input type="checkbox"/> AT DESTINATION BY PROJECT ENGINEER OR REPRESENTATIVE			SHIP TO. (Check appropriate block) <input type="checkbox"/> DORSEY ROAD WAREHOUSE 1472 DORSEY ROAD DOORS 1, 2, & 3 HANOVER, MD 21076 W F <input type="checkbox"/> OTHER (Give full address) AS FOLLOWS:		

ITEM NO	DESCRIPTION OF MATERIAL (Include Mfr's Name and Part No., Model or Type)	QTY	UNIT	PURCHASE/ RENTAL UNIT PRICE	TOTAL

DELIVER TO:	POC NAME (Last) (First) (MI) PHONE (Secure) (Non-Secure)			GRAND TOTAL
	ORG	BUILDING	ROOM	

ITEM NO	DESCRIPTION OF MATERIAL <i>(Include Mfr's Name and Part No., Model or Type)</i>	QTY	UNIT	PURCHASE/ RENTAL UNIT PRICE	TOTAL

JUSTIFICATION FOR PURCHASE

SPECIFIC ITEM OR SINGLE SOURCE JUSTIFICATION *(For PR's on specific items that exceed \$250 but do not exceed \$2500. For PR's on specific items that exceed \$2500, attach separate detailed justification.)*

EMERGENCY JUSTIFICATION/ REMARKS

SIGNATURE OF AUTHORIZING OFFICIAL

OCCUPATIONAL HEALTH, ENVIRONMENTAL, AND SAFETY SERVICES QUALITY ASSURANCE DOCUMENT

PERFORMANCE ASSESSMENT	PERIOD COVERED: FROM _____ TO _____			
AREAS OF ASSESSMENT (Check appropriate box. Qualifying statements may be made under COMMENTS below.)	UNSATISFACTORY (Does Not Meet Standards)	SATISFACTORY (Meets Standards)	GOOD (Exceeds Standards)	EXCELLENT (Greatly Exceeds Standards)
1. Basic clinical knowledge displayed				
2. Clinical judgment				
3. Clinical performance				
a. Outpatient ambulatory care/occupational health				
b. Psychological Services				
4. Communication skills				
5. Rapport with patients				
6. Relationship with colleagues				
7. Cooperation with clinic personnel				
8. Appearance				
9. Emotional stability				
10. Apparent physical health				
11. Professional conduct				
12. Ethical conduct				
13. Leadership capability				
14. Quality and timeliness of medical/psychological record documentation				
15. Participation/attendance at staff committee meetings and professional CME activities				
16. a. This Practitioner has a current unrestricted state license. <input type="checkbox"/> YES <input type="checkbox"/> NO				
16. b. This Practitioner is presently certified in: <input type="checkbox"/> BCLS/CPR <input type="checkbox"/> ACLS <input type="checkbox"/> ATLS				
16. c. Results of Quality Management activities considered were :				
16. d. Practitioners PAF and PCF were reviewed: <input type="checkbox"/> YES <input type="checkbox"/> NO				
16. e. COMMENTS (Unsatisfactory areas will be fully addressed and recommendations made for corrective action by assessed)				
17. a. ASSESSED INDIVIDUAL NAME		17. c. GRADE	17. d. COPY OF EVALUATION FURNISHED HCP: <input type="checkbox"/> YES <input type="checkbox"/> NO	
17. e. CURRENT POSITION				
18. a. TYPED SUPERVISOR NAME		18. b. DIVISION	18. c. SIGNATURE	

General Instructions for the FrameMaker SF 86

Before you proceed, perform the following steps:

1. Click the left mouse button to get an insertion point in the following text box:
2. From the **"Special"** menu above, choose **"Variable..."**
3. From the **"Variables:"** scroll list, choose **"SSN."**, and then select the **"Edit Definition..."** button.
4. In the **"Definition:"** text area, replace **"999-99-9999"** with your Social Security Number, select the **"Change"** button, and then select the **"Done"** button.
5. Choose the **"Update..."** button, after which FrameMaker will pop up a window asking you if it is okay to update all system variables, to which you select the **"OK"** button.

You have just told FrameMaker to enter your Social Security Number in appropriate places, so that you do not have to enter it again on the form.

While designing the FrameMaker version of the SF86, an attempt was made to link "like" fields together. You can simply hit the "return" key to move from text box to text box. Use the "backspace" key to reverse the process. All text boxes, however, are not linked together, so you may need to use the mouse to place an insertion point in a text box in a new section of the form.

You are now ready to begin. Place an insertion point in the LAST NAME text box of Section 1. By ENTERING (using the return key), you will automatically tab to the next text box within the section. This will help ensure you do not omit any requested information. Usually you will have to place an insertion point in the first text box of each section. You will also have to place an insertion point in the appropriate text box on multiple choice questions (Section 8 and 13) and in the appropriate text box on YES/NO questions. Rule of thumb. If using the return key does not move you to the next text box, use the mouse to place an insertion point in the desired text box.

Questionnaire for National Security Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on page 9 and the release on page 10. *If you have any questions, call the office that gave you the form.*

Purpose of this Form

The U.S. Government conducts background investigations and reinvestigations to establish that military personnel, applicants for or incumbents in national security positions, either employed by the Government or working for Government contractors, licensees, certificate holders, and grantees, are eligible for a required security clearance. Information from this form is used primarily as the basis for investigation for access to classified information or special nuclear information or material. Complete this form only after a conditional offer of employment has been made for a position requiring a security clearance.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or security clearance prospects.

Authority to Request this Information

Depending upon the purpose of your investigation, the U.S. Government is authorized to ask for this information under Executive Orders 10450, 10865, 12333, and 12356; sections 3301 and 9101 of title 5, U.S. Code; sections 2165 and 2201 of title 42, U.S. Code; sections 781 to 887 of title 50, U.S. Code; and parts 5, 732, and 736 of Title 5, Code of Federal Regulations.

Your Social Security number is needed to keep records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

The Investigative Process

Background investigations for national security positions are conducted to develop information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. The information that you provide on this form is confirmed during the investigation. Investigation may extend beyond the time covered by this form when necessary to resolve issues. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

In addition to the questions on this form, inquiry also is made about a person's adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal.

Your Personal Interview

Some investigations will include an interview with you as a normal part of the investigative process. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often helps to complete your investigation faster. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

You will be asked to bring identification with your picture on it, such as a valid State driver's license, to the interview. There are other documents you may be asked to bring to verify your identity as well. These include documentation of any legal name change, Social Security card, and/or birth certificate.

You may also be asked to bring documents about information you provided on the form or other matters requiring specific attention. These matters include alien registration, delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligations, agreements involving child custody or support, alimony or property settlements, arrests, convictions, probation, and/or parole.

Organization of this Form

This form has two parts. Part 1 asks for background information, including where you have lived, gone to school, and worked. Part 2 asks about your activities and such matters as firings from a job, criminal history record, use of illegal drugs, and abuse of alcohol.

In answering all questions on this form, keep in mind that your answers are considered together with the information obtained in the investigation to reach an appropriate adjudication.

Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit. You should retain a copy of the completed form for your records.
2. Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.
3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."
4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.
5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.
6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.
7. All telephone numbers must include area codes.
8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 8, 1978, should be shown as 6/8/78.
9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.
10. If you need additional space to list your residences or employments/self-employments/unemployments of education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain **your name and Social Security Number at the top of the page.**

DO NOT WRITE IN THESE AREAS Eligibility

Final determination on your eligibility for access to classified information is the responsibility of the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Because the position for which you are being considered is a sensitive one, your trustworthiness is a very important consideration in deciding your eligibility for a security clearance. Your prospects of placement or security clearance

are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

Disclosure of Information

The information you give us is for the purpose of investigating you for a national security position; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a (b)) and as follows:

PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof, or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

2. To a court of adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

3. Except as noted in Question 24, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.

4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.

5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.

6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.

7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.

8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.

9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.

10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.

11. To the Office of Management and Budget when necessary to the review of private relief legislation.

STATE CODES (ABBREVIATIONS)

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samoa	AS	Dist. of Columbia	DC	Guam	GU	Northern Marianas	CM	Puerto Rico	PR
Trust Territory	TT	Virgin Islands	VI						

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 90 minutes per response, including 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 the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS

Form approved:
O.M.B. No. 3206-0007
NSN 7540-00-634-4036
86-111

Part 1

Investigating Agency Use Only

Codes

Case Number

Agency Use Only (Complete items A through P using instructions provided by the investigating agency).

A Type of Investigation	B Extra Coverage	C Sensitivity Level	D Access	E Nature of Action Code	F Date of Action	Month	Day	Year
G Geographic Location	H Position Code	I Position Title						
J SON	K Location of Official Personnel Folder	None NPRC At SON	Other Address					
L SOI	M Location of Security Folder	None At Sol NPI	Other Address					
N OPAC-ALC Number	O Accounting Data and/or Agency Case Number							
P Requesting Official	Name and Title		Signature		Telephone Number		Date	

Persons completing this form should begin with the questions below.

1 FULL NAME • If you have only initials in your name, use them and state (IO). • If you have no middle name, enter "NMN." • If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.	2 DATE OF BIRTH					
Last Name	First Name	Middle Name	Jr., II, etc.	Month	Day	Year

3 PLACE OF BIRTH • Use the two letter code for the State. City	County	State	Country (if not in the United States)	4 SOCIAL SECURITY NUMBER 999-99-9999
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5 OTHER NAMES USED Give other names you used and the period of time you used them (for example: your maiden name, name[s] by a former marriage, former name[s], alias[es], or nickname[s]). If the other name is your maiden name, put "nee" in front of it.					
Name #1	Month/Year	Month/Year	Name #3	Month/Year	Month/Year
To		To		To	
Name #2	Month/Year	Month/Year	Name #4	Month/Year	Month/Year
To		To		To	

6 OTHER IDENTIFYING INFORMATION	Height (feet and inches)	Weight (pounds)	Hair Color	Eye Color	Sex (mark one box) <input type="checkbox"/> Female <input type="checkbox"/> Male
--	--------------------------	-----------------	------------	-----------	---

7 TELEPHONE NUMBERS	Work (include Area Code and extension) () Day () Night	Home (include Area Code) () Day () Night
----------------------------	--	--

8 CITIZENSHIP a Mark the box at the right that reflects your current citizenship status, and follow its instructions.	<input type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. → Answer items b and d	b Your Mother's Maiden Name
<input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. → Answer items b , c , and d		
<input type="checkbox"/> I am not a U.S. citizen. → Answer items b and e		

c UNITED STATES CITIZENSHIP If you are a U.S. Citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.

Naturalization Certificate (Where were you naturalized?)

Court	City	State	Certificate Number	Month/Day/Year Issued
-------	------	-------	--------------------	-----------------------

Citizenship Certificate (Where was the certificate issued?)

City	State	Certificate Number	Month/Day/Year Issued
------	-------	--------------------	-----------------------

State Department Form 240 - Report of Birth Abroad of a Citizen of the United States

Give the date the form was prepared and give an explanation if needed.	Month/Day/Year	Explanation
--	----------------	-------------

U.S. Passport

This may be either a current or previous U.S. Passport.	Passport Number	Month/Day/Year issued
---	-----------------	-----------------------

d DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.

e ALIEN If you are an alien, provide the following information:	City	State	Date You Entered U.S. Month Day Year	Alien Registration Number	Country(ies) of Citizenship
Place You Entered the United States:					

9 WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last five years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

Month/Year #1	Month/Year To Present	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knows You		Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number ()						
Month/Year #2	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number ()						
Month/Year #3	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number ()						
Month/Year #4	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number ()						
Month/Year #5	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number ()						

10 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 7 years. List College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

- Use one of the following codes in the "Code" block:
 - 1 - High School
 - 2 - College/University/Military College
 - 3 - Vocational/Technical/Trade School
- For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.
- For correspondence schools and extension classes, provide the address where the records are maintained.

Month/Year #1	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School			State	ZIP Code	
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
Telephone Number ()					
Month/Year #2	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School			State	ZIP Code	
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
Telephone Number ()					
Month/Year #3	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School			State	ZIP Code	
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
Telephone Number ()					

Enter your Social Security Number before going to the next page



999-99-9999

16 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday. **EXCEPTION:** Show all Federal civilian service, whether it occurred within the last 7 years or not.

• **Code.** Use one of the codes listed below to identify the type of employment:

- | | | | |
|-----------------------------------|--|--|-----------|
| 1 - Active military duty stations | 5 - State Government (Non-Federal employment) | 7 - Unemployment (include name of person who can verify) | 9 - Other |
| 2 - National Guard/Reserve | | | |
| 3 - U.S.P.H.S. Commissioned Corps | 6 - Self-employment (include business name and/or name of person who can verify) | 8 - Federal Contractor (List Contractor, not Federal agency) | |
| 4 - Other Federal employment | | | |

• **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

• **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#1	To Present					
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 (Block #1)	Month/Year	Month/Year	Position Title	Supervisor
	To			
	Month/Year	Month/Year	Position Title	Supervisor
	To			
Month/Year	Month/Year	Position Title	Supervisor	
To				

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#2	To					
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 (Block #2)	Month/Year	Month/Year	Position Title	Supervisor
	To			
	Month/Year	Month/Year	Position Title	Supervisor
	To			
Month/Year	Month/Year	Position Title	Supervisor	
To				

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#3	To					
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 (Block #3)	Month/Year	Month/Year	Position Title	Supervisor
	To			
	Month/Year	Month/Year	Position Title	Supervisor
	To			
Month/Year	Month/Year	Position Title	Supervisor	
To				

Enter your Social Security Number before going to the next page



999-99-9999

EMPLOYMENT HISTORY (CONTINUED)

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#4	To					
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 (Block #4)	Month/Year	Month/Year	Position Title	Supervisor
	To			
	Month/Year	Month/Year	Position Title	Supervisor
	To			
Month/Year	Month/Year	Position Title	Supervisor	
To				

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#5	To					
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 (Block #5)	Month/Year	Month/Year	Position Title	Supervisor
	To			
	Month/Year	Month/Year	Position Title	Supervisor
	To			
Month/Year	Month/Year	Position Title	Supervisor	
To				

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#6	To					
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 (Block #6)	Month/Year	Month/Year	Position Title	Supervisor
	To			
	Month/Year	Month/Year	Position Title	Supervisor
	To			
Month/Year	Month/Year	Position Title	Supervisor	
To				

12 PEOPLE WHO KNOW YOU WELL

List **three people** who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

Name	Month/Year	Dates Known Month/Year	Telephone Number
#1	To		Day () Night ()
Home or Work Address		City (Country)	State ZIP Code

Name	Month/Year	Dates Known Month/Year	Telephone Number
#2	To		Day () Night ()
Home or Work Address		City (Country)	State ZIP Code

Name	Month/Year	Dates Known Month/Year	Telephone Number
#3	To		Day () Night ()
Home or Work Address		City (Country)	State ZIP Code

Enter your Social Security Number before going to the next page



999-99-9999

Mark one box to show your current marital status and provide information about your spouse(s) in items a, and/or b.

☐ 1 - Never married
☐ 2 - Married

☐ 3 - Separated
☐ 4 - Legally Separated

☐ 5 - Divorced
☐ 6 - Widowed

a Current Spouse Complete the following about your current spouse only.

Full Name	Date of Birth	Place of Birth (Include country if outside the U.S.)	Social Security Number
Other Names Used (Specify maiden name, names by other marriages, etc., and show dates used for each name)			Country(ies) of Citizenship
Date Married	Place Married (Include country if outside the U.S.)		State
If Separated, Date of Separation	If Legally Separated, Where is the Record Located? City (Country)		State
Address of Current Spouse, if different than your current address (Street, city, and country if outside the U.S.)			State ZIP Code

b Former Spouse(s) Complete the following about your former spouse(s), use blank sheets if needed.

Full Name	Date of Birth	Place of Birth (Include country if outside the U.S.)	State
Country(ies) of Citizenship	Date Married	Place Married (Include country if outside the U.S.)	State
Check One, Then Give Date <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Month/Day/Year	If Divorced, Where is the Record Located? City (Country)	State
Address of Former Spouse (Street, city, and country if outside the U.S.)			State ZIP Code Telephone Number ()

14 YOUR RELATIVES AND ASSOCIATES

Give the full name, correct code, and other requested information for each of your relatives and associates, living or dead, specified below.

- | | | | | |
|---------------------|--------------------------|-------------------|--------------------|--------------------------------------|
| 1 - Mother (first) | 5 - Foster parent | 9 - Sister | 13 - Half-sister | 17 - Other Relative* |
| 2 - Father (second) | 6 - Child (adopted also) | 10 - Stepbrother | 14 - Father-in-law | 18 - Associate* |
| 3 - Stepmother | 7 - Stepchild | 11 - Stepsister | 15 - Mother-in-law | |
| 4 - Stepfather | 8 - Brother | 12 - Half-brother | 16 - Guardian | 19 - Adult Currently Living With You |

* Code 17 (Other Relative)-Include only foreign national relatives not listed in 1-16 with whom you or your spouse are bound by affection, obligation, or close and continuing contact. Code 18 (Associates) - include only foreign national associates with whom you or your spouse are bound by affection, obligation, or close and continuing contact.

Full Name (If deceased, check box on the left before entering name)	Code	Date of Birth Month/Day/Year	Country of Birth	Country(ies) of Citizenship	Current Street Address and City (country) of Living Relatives	State
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

Enter your Social Security Number before going to the next page



999-99-9999

15 CITIZENSHIP RELATIVES AND ASSOCIATES

If your mother, father, sister, brother, child, or current spouse or person with whom you have a spouse-like relationship is a U.S. citizen by other than birth, or an alien residing in the U.S., provide the nature of the individual's relationship to you (Spouse, Spouse-like, Mother, etc.), and the individual's name and date of birth on the first line (this information is needed to pair it accurately with information in items 13 and 14).

On the second line, provide the individual's naturalization certificate or alien registration number and use one of the document codes below to identify proof of citizenship status. Provide additional information on that line as requested.

1. Naturalization Certificate: Provide the date issued and the location where the person was naturalized (Court, City and State).

2. Citizenship Certificate: Provide the date and location issued (City and State).

3. Alien Registration: Provide the date and place where the person entered the U.S. (City and State).

4. Other: Provide an explanation in the "Additional Information" block.

Association #1	Name	Date of Birth (Month/Day/Year)
Certificate/Registration #	Document Code	Additional Information
Association #2	Name	Date of Birth (Month/Day/Year)
Certificate/Registration #	Document Code	Additional Information

16 YOUR MILITARY HISTORY

a Have you served in the United States military?

b Have you served in the United States Merchant Marine?

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

• **Code.** Use one of the codes listed below to identify your branch of service:

1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard

• **O/E.** Mark "O" block for Officer or "E" block for Enlisted.

• **Status.** "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X": use the two-letter code for the state to mark the block.

• **Country.** If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year	Month/Year	Code	Service/Certificate #	O	E	Status				Country
						Active	Active Reserve	Inactive Reserve	National Guard (State)	
To										
To										

17 YOUR FOREIGN ACTIVITIES

a Do you have any foreign property, business connections, or financial interests?

b Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?

c Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Does not include routine visa applications and border crossing contacts.)

d In the last 7 years, have you had an active passport that was issued by a foreign government?

If you answered "Yes" to a, b, c, or d above, explain in the space below: provide inclusive dates, names of firms and/or governments involved, and an explanation of your involvement.

Month/Year	Month/Year	Firm and/or Government	Explanation
To			
To			

18 FOREIGN COUNTRIES YOU HAVE VISITED

List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)

• Use one of these codes to indicate the purpose of your visit: 1 - Business 2 - Pleasure 3 - Education 4 - Other

• Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").

• Do not repeat travel covered in items 9, 10, or 11.

Month/Year	Month/Year	Code	Country	Month/Year	Month/Year	Code	Country
#1	To			#3	To		
#2	To			#4	To		

This concludes Part 1 of this form. If you have used Page 9, continuation sheets, or blank sheets to complete any of the questions in Part 1, give the number for those questions in the space to the right:

Enter your Social Security Number before going to the next page

999-99-9999

**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS**

Part 2

OFFICIAL
USE
ONLY

19 YOUR MILITARY RECORD

Have you ever received other than an honorable discharge from the military? If "Yes," provide the date of discharge and type of discharge below.

Month/Year	Type of Discharge	Yes	No

20 YOUR SELECTIVE SERVICE RECORD

- a** Are you a male born after December 31, 1959? If "No," go to 21. If "Yes," to go b.
- b** Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.

Registration Number	Legal Exemption Explanation	Yes	No

21 YOUR MEDICAL RECORD

In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?

If you answered "Yes," provide the dates of treatment and the name and address of the therapist or doctor below, unless the consultation(s) involved only marital, family, or grief counseling, not related to violence by you.

Month/Year	Month/Year	Name/Address of Therapist or Doctor	State	ZIP Code
To				
To				

22 YOUR EMPLOYMENT RECORD

Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.

- Use the following codes and explain the reason your employment was ended:
- | | | |
|--|--|--|
| 1 - Fired from a job | 3 - Left a job by mutual agreement following allegations of misconduct | 5 - Left a job for other reasons under unfavorable circumstances |
| 2 - Quit a job after being told you'd be fired | 4 - Left a job by mutual agreement following allegations of unsatisfactory performance | |

Month/Year	Code	Specify Reason	Employer's Name and Address (Include city/Country if outside U.S.)	State	ZIP Code

23 YOUR POLICE RECORD

For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

- a** Have you ever been charged with or convicted of any felony offense? (Include those under Uniform Code of Military Justice)
- b** Have you ever been charged with or convicted of a firearms or explosives offense?
- c** Are there currently any charges pending against you for any criminal offense?
- d** Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?
- e** In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.)
- f** In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in response to a, b, c, d, or e above? (Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.)

If you answered "Yes" to a, b, c, d, e, or f above, explain below. Under "Offense," do not list specific penalty codes, list the actual offense or violation (for example, arson, theft, etc.).

Month/Year	Offense	Action Taken	Law Enforcement Authority/Court (Include City and county/country if outside U.S.)	State	ZIP Code

Enter your Social Security Number before going to the next page



999-99-9999

24 YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

- a** Since the age of 16 or in the last 7 years, whichever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?
- b** Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?
- c** In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?

If you answered "Yes" to a or b above, provide the date(s), identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used.

Month/Year To	Month/Year To	Controlled Substance/Prescription Drug Used	Number of Times Used

25 YOUR USE OF ALCOHOL

In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?

If you answered "Yes", provide the dates of treatment and the name and address of the counselor or doctor below. Do not repeat information reported in response to item 21 above.

Month/Year To	Month/Year To	Name/Address of Counselor or Doctor	State	ZIP Code

26 YOUR INVESTIGATIONS RECORD

- a** Has the United States Government ever investigated your background and/or granted you a security clearance? If "Yes", use the codes that follow to provide the requested information below. If "Yes," but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading below. If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.

Codes for Investigating Agency
 1 - Defense Department
 2 - State Department
 3 - Office of Personnel Management
 4 - FBI
 5 - Treasury Department
 6 - Other (Specify)

Codes for Security Clearance Received
 0 - Not Required
 1 - Confidential
 2 - Secret
 3 - Top Secret
 4 - Sensitive Compartmented Information
 5 - Q
 6 - L
 7 - Other

Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code

- b** To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "Yes," give date of action and agency. **Note:** An administrative downgrade or termination of a security clearance is not a revocation.

Month/Year	Department or Agency Taking Action	Month/Year	Department or Agency Taking Action

27 YOUR FINANCIAL RECORD

- a** In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?
- b** In the last 7 years, have you had your wages garnished or had any property repossessed for any reason?
- c** In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts?
- d** In the last 7 years, have you had any judgments against you that have not been paid?

If you answered "Yes" to a, b, c, or d, provide the information requested below:

Month/Year	Type of Action	Amount	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code

Enter your Social Security Number before going to the next page



999-99-9999

28 YOUR FINANCIAL DELINQUENCIES		Yes	No
a	In the last 7 years, have you been over 180 days delinquent on any debt(s)?		
b	Are you currently over 90 days delinquent on any debt(s)?		

If you answered "Yes" to a or b, provide the information requested below:

Incurred Month/Year	Satisfied Month/Year	Amount	Type of Loan or Obligation and Account Number	Name/Address of Creditor of Obligor	State	ZIP Code

29 PUBLIC RECORD CIVIL COURT ACTIONS

29 PUBLIC RECORD CIVIL COURT ACTIONS		Yes	No
In the last 7 years, have you been a party to any public record civil court actions not listed elsewhere on this form?			

If you answered "Yes," provide the information about the public record civil court action requested below.

Month/Year	Nature of Action	Result of Action	Name of Parties Involved	Court (Include City and county/country if outside U.S.)	State	ZIP Code

30 YOUR ASSOCIATION RECORD

30 YOUR ASSOCIATION RECORD		Yes	No
a	Have you ever been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?		
b	Have you ever knowingly engaged in any acts or activities designed to overthrow the United States Government by force?		

If you answered "Yes" to a or b, explain in the space below.

Continuation Space

Use the continuation sheet(s) (SF 86A) for additional answers to items 9, 10, and 11. Use the space below to continue answers to all other items and any information you would like to add. If more space is needed than is provided below, use a blank sheet(s) of paper. Start each sheet with your name and Social Security Number. Before each answer, identify the number of the item.

After completing Parts 1 and 2 of this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on page 10.

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature (Sign in ink)	Date
Enter your Social Security Number before going to the next page →	999-99-9999

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in, a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be redisclosed by the government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign and date the release on the next page if you answered "Yes" to question 21.

Signature (Sign in ink)		Full Name (Type or Print Legibly)		Date Signed
Other Names Used				Social Security Number 999-99-9999
Current Address (Street, City)		State	ZIP Code	Home Telephone Number (Include Area Code) ()

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position with the Federal government which requires access to classified national security information or special nuclear information or material. As part of the clearance process, I **hereby authorize** the investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgement or reliability, particularly in the context of safeguarding classified national security information or special nuclear information or material?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (<i>Sign in ink</i>)	Full Name (<i>Type or Print Legibly</i>)	Date Signed
Other Names Used		Social Security Number 999-99-9999
Current Address (<i>Street, City</i>)	State	ZIP Code
		Home Telephone Number (<i>Include Area Code</i>) ()

RANDOM VEHICLE CHECK RECORD

OFFICER

DATE (YYYYMMDD)

	LOCATION	VEHICLE		TAG NUMBER	AFFILIATE				TIME (HHMM)	COMMENTS (This section for notes about person's demeanor, K-9 called, etc. It is NOT for race or gender statistics.)
		MAKE	MODEL		Civilian	Contr.	Military	Visitor		
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
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25.										
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29.										
30.										
31.										
32.										
33.										

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

REAPPOINTMENT REQUEST FOR PRIVILEGES

PRIVACY ACT STATEMENT: Authority 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 02 and 9 apply to this information. The requested information will be used by the Agency to update credentials for medical privileges. Failure to furnish any of the requested information may delay processing or prevent assignment or grant credentials and/or medical privileges

PERIOD COVERED: FROM

TO

1. CHECK THE APPROPRIATE CATEGORY (Attach current requested Delineated Privileges)

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> a. General Medical Officer | <input type="checkbox"/> e. Physician's Assistant | <input type="checkbox"/> i. _____ |
| <input type="checkbox"/> b. Aviation Medicine | <input type="checkbox"/> f. Clinical Social Worker | <input type="checkbox"/> j. _____ |
| <input type="checkbox"/> c. Clinical Psychologist | <input type="checkbox"/> g. Adult Nurse Practitioner | <input type="checkbox"/> k. _____ |
| <input type="checkbox"/> d. Radiologist | <input type="checkbox"/> h. _____ | <input type="checkbox"/> l. _____ |

2. PRACTITIONER'S EDUCATION/TRAINING UPDATE

a. Board Eligible (From Date)	b. Board Examination Taken (Date) <input type="checkbox"/> Total <input type="checkbox"/> Partial	c. Board Certified <input type="checkbox"/> No <input type="checkbox"/> Yes (Give Board Name)
d. Recertification (Board and Date)	e. Utilized in Primary Specialty	f. Years and Dates of Specialty Training (Specify only training since initial application)
g. Total Hours of Continuing Education this period	h. Total Hours of Sub-Specialty Board this period	i. Membership in Specialty Society(ies) (Specify)
j. Name of Practitioner	k. Signature	l. Date

3. REMARKS (Document other education / training update information not listed above. Document Professional awards received since last appointment.)

4. RECOMMENDATIONS

a. Medical Treatment Facility:

National Security Agency
Office of Occupational Health, Environmental
and Safety Services (OHESS)
Suite 6404
Fort George G. Meade, MD 20755-6404

b. Status

- ☐ 1. Temporary
☐ 2. Confidential
☐ 3. Contractor
☐ 4. Consulting
☐ 5. Full (Appointment Status)

c. Clinical Privileges

- ☐ 1. Granted as requested
☐ 2. Modified as recommended
☐ 3. Other (See Remarks)

d. Division Chief	e. Signature	f. Date
g. Sr. Medical/Psychological Advisor	h. Signature	i. Date
5. APPROVAL a. Chief OHESS	b. Signature	c. Date

REASONABLE PRICE DETERMINATION
(Simplified Acquisitions and Commercial Items)

CONTRACT/ORDER NUMBER

WHEN TO USE THIS FORM:

- For purchase of supplies and services for contract actions not exceeding the simplified acquisition threshold.
- For the acquisition of commercial items with a purchase value of <\$5,000,000.

HOW TO USE THIS FORM:

A commercial item is any item (supplies or services) that is of a type customarily used for nongovernmental purposes that has been sold, leased, or licensed or offered for sale, lease, or license to the general public. Neither FASA nor FARA defined "nongovernmental purpose" but it is reasonable to assume the term excludes all governmental purposes. There are still some references to "sold in substantial quantities" especially in relation to procuring services or using catalog prices to determine price reasonableness. Substantial quantities mean "more than nominal" quantities considering the size of the market and the length of time the offered item has been available. Commercial items include modified commercial items if the modifications are customarily available in the commercial marketplace or are minor (*does not alter the function, physical characteristics, or change the purpose*) and ancillary supply support services such as installation, maintenance, repair, training, etc., if offered to the general public and the Government contemporaneously.

After an item has been classified as commercial, the price of that "commercial item" must still be determined to be fair and reasonable using price analysis (*if possible*). Price analysis involves making a comparison to the same or similar items whose price has already been determined reasonable.

- 1a. A complete abstract shall accompany the J2625B form if price reasonableness is predicated on competition.
- 1b. Adequate price competition may also exist even if only one responsive offer was received provided it was submitted with the expectation of competition or the offered price of the commercial item is "based on" a recent price competition conducted for the same/similar items for comparable quantities and under comparable terms and conditions.
- 2c. Maximum Order Limitations (MOL) is the quantity beyond which the GSA pricing no longer applies. If the quantity to be procured exceeds the MOL a unit price less than that shown on the GSA schedule may/may not be appropriate; further investigation is necessary.
4. Media may take forms ranging from published catalogs to interactive computer systems and telecommunication networks. Attach a copy of the catalog/price list, copy of the computer generated pricing (*signed and dated*), or a letter stating that the price is representative of a commercial catalog or price list. **KEY: Is there an established price (and/or established discount price/policy) and is it generally followed?**
5. A market price is one that has been established in the ordinary course of business between buyers and sellers free to bargain. A market price is influenced by the forces of supply and demand; i.e., raw materials/commodities. An offeror must demonstrate that an established market price exists via submission of advertisements, trade publications, market surveys, or sales orders and contracts (*if such orders and contracts are capable of independent verification*).
6. Recent purchase/contract history is considered to be 12 months or less. Differences in quantities that do not result in different unit prices should be addressed. To be truly representative, the history should be for comparable quantities under comparable terms and conditions. **BASIS FOR DETERMINING THE PRIOR PRICE WAS REASONABLE IS MANDATORY.**
7. The FAR recognizes an additional base for price analysis - "Comparison of proposed prices with prices for the same or similar items obtained through market research." Example: Capability and pricing information obtained from contractor expositions, review of catalogs, product literature, or technical, business or trade publications, or consulting Government data bases.
8. "Other" may be used for comparisons to (a) rough "yardsticks" which reflect customary commercial practices, such as dollars per pound/cubic foot or (b) Independent Government Cost Estimates provided the IGCEs are based on realistic engineering analysis/estimates of what an item should cost and detailed rationale is attached.

BASED ON (Check appropriate block(s) and attach explanatory addendum(s)) FAR 15.404-1

1. ADEQUATE PRICE COMPETITION	a. NO. OF OFFERORS (Attach Abstract)		b. "ONE BID" OR "BASED ON" RULE APPLY? <input type="checkbox"/> YES (Attach explanation) <input type="checkbox"/> NO																					
2. GSA PRICE COMPETITION	a. GSA CONTRACT NUMBER	b. CONTRACT EXPIRES	c. MOL																					
3. LAW OR REGULATION	a. TARIFF NUMBER		b. DATE																					
4. ESTABLISHED CATALOG / PUBLISHED PRICE LIST	a. IDENTIFICATION NUMBER		b. DATE	c. PAGE																				
	d. ESTABLISHED DISCOUNT PRICE? <input type="checkbox"/> YES (Attach explanation / addendum) <input type="checkbox"/> NO		e. "BASED ON" RULE APPLIES? <input type="checkbox"/> YES (Attach explanation) <input type="checkbox"/> NO																					
5. ESTABLISHED MARKET PRICE	a. SOURCE OF MARKET QUOTATION PROVIDED BY OFFEROR		b. MEANS OF VERIFYING ABOVE (Attachment required)																					
6. COMPARISON OF CURRENT OFFER WITH THE SAME OR SIMILAR ITEM(S) (List information as follows:)																								
<table border="1"><thead><tr><th>ITEM NUMBER</th><th>UNIT PRICE</th><th>QUANTITY</th><th>CONTRACT / ORDER NO.</th><th>AWARD DATE</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>					ITEM NUMBER	UNIT PRICE	QUANTITY	CONTRACT / ORDER NO.	AWARD DATE															
ITEM NUMBER	UNIT PRICE	QUANTITY	CONTRACT / ORDER NO.	AWARD DATE																				
7. COMPARISON TO MARKET RESEARCH INFORMATION (Attached details).																								
8. OTHER (Detailed information required) / ADDITIONAL INFORMATION																								

Based on the above and all documents referenced and attached herein, I determine that the price offered for this acquisition is fair and reasonable.

CONTRACTING OFFICER SIGNATURE

DATE

RECOMMENDATION FOR ACCEPTANCE OR REJECTION OF MIPR

DATE	SUSPENSE	MIPR NUMBER	CASE NUMBER
TO			REPLY TO DF2242

1. The services/commodities cited on the attached Military Interdepartmental Purchase Request (MIPR) appear to be within the purview of your office as the responsible agent for preparation or purchase actions. Accordingly, request you indicate below whether the MIPR should be accepted or rejected based upon information provided to you in paragraph 2. If you recommend acceptance, your office is required to see that the procurement action is initiated.

2. Agency procedures and the Resources Management Manual (RMM), Part V, Chapter 10, Paragraph 100006.5 require that the decision to accept/reject a MIPR be substantiated by your adherence to the following requirements:

a. The requested items must serve a proper NSA established requirements (*vice a convenience to the requester*).

b. The requested item(s) or task(s) must be clearly defined.

c. There must be adequate time for the Contracting Office (DF11) to award the contract before the expiration of the funds cited on the MIPR. Funds on this MIPR expire on: _____

d. Funding must be adequate to meet the customer's requirement.

3. Please provide the following information for MIPR acceptance:

a. Reason the requested item(s) or task(s) should be procured by the NSA/CSS:

b. Estimated Purchase Request (PR) submission date: _____

c. Estimated date of obligation: _____

d. ☐ An "X" in this box by DF2242 indicates the incoming MIPR does not contain sufficient itemized detail of what is being procured under this MIPR for DF22 to accept and process. The MIPR will be rejected unless your office, as the acquisition agent, can determine the specific tasks or items required to adequately describe on the MIPR acceptance. Please provide DF224 a breakdown of the items.

e. Program Manager's name, organization, and phone number if different from the Acquisition Agent.

NAME (Last)	(First)	(MI)	ORG	SECURE PHONE
PROJECT NAME			TASK NUMBER	

f. Types of acceptance and how to determine which type of acceptance to check below:

1. Direct Citation procurement cites the customer's funds directly on the NSA contract/order including contractor's travel. This method is used for most DoD orders, except for those orders that are filled from the Agency Stock Fund and inventories.

2. Reimbursable Citation is used when the order will be financed by Agency Reimbursable Authority to fund orders received from Federal Civil Agencies or when the order will be filled from Agency resources (*eg. Stock Fund or NSA Employee's TDY*).

4. Follow-on Purchase Requests which include requirements from external customers must include:

- a. Address of the external customer to ensure correct distribution of the contract documents.
- b. MIPR Number and the N Case Number assigned (*shown on front of this form*) must be included with the accounting classification in Block #19 of the Purchase Request.
- c. The following statement, which must be verified by you in the covering memorandum of all procurement packages which contain external requirements (*acquisitions not otherwise requiring a covering memorandum shall include the statement on the purchase request*):

"This acquisition includes items for others external to NSA. The incoming order has been reviewed by the _____ organization, and a determination made that the items ordered together with funding cited hereon are consistent with and adequate to support the customer's order."

This verification simply states that the items, quantities, and funding identified on the Purchase Request in support of external requirements are consistent with that of the itemized customer order acceptance and, thereby, ensures Agency acquisition manager compliance with DoD and NSA procurement policies.

5. Based on the above considerations, please indicate recommendation of the acceptance or rejection of the MIPR.

<input type="checkbox"/> ACCEPT MIPR		DIRECT CITATION		REIMBURSABLE CITATION	
<input type="checkbox"/> REJECT MIPR		REASON			
ADDITIONAL FUNDS NEEDED?		AMOUNT		REASON FOR ADDITIONAL FUNDING	
<input type="checkbox"/> NO <input type="checkbox"/> YES					

6. Responsible Acquisition Agent:

PRINTED NAME		SIGNATURE	
ORGANIZATION	SECURE PHONE	NON-SECURE PHONE	
BUILDING	ROOM NUMBER	SUITE	

DF2242, Funds Administration Control Branch

Secure Phone: 968-5321
 Non-Secure Phone: (410) 854-7583
 FAX: (410) 854-7525
 Location: AXX4B32

RECOMMENDATION FOR AWARD

For use of this form, see AR 600-8-22; the proponent agency is ODCSPER

For valor/heroism/wartime and all awards higher than MSM, refer to special instructions in Chapter 3, AR 600-8-22.

1 TO		2 FROM		3 DATE	
PART I - SOLDIER DATA					
4. NAME		5. RANK		6. SSN	
7. ORGANIZATION		8. PREVIOUS AWARDS			
9. BRANCH OF SERVICE		10. RECOMMENDED AWARD		11. PERIOD OF AWARD	
				a. FROM	b. TO
12. REASON FOR AWARD				13. POSTHUMOUS	
12a. INDICATE ACH, SVC, PCS, ETS OR RET		12b. INTERIM AWARD		YES <input type="checkbox"/> NO <input type="checkbox"/>	
		IF YES, STATE AWARD GIVEN		YES <input type="checkbox"/> NO <input type="checkbox"/>	
PART II - RECOMMENDER DATA					
14. NAME		15. ADDRESS			
16. TITLE/POSITION		17. RANK			
18. RELATIONSHIP TO AWARDEE		19. SIGNATURE			
PART III - JUSTIFICATION AND CITATION DATA (Use specific bullet examples of meritorious acts or service)					
20. ACHIEVEMENTS					
ACHIEVEMENT #1					
ACHIEVEMENT #2					
ACHIEVEMENT #3					
ACHIEVEMENT #4					
21. PROPOSED CITATION					

DOCID: 3114945

NAME		SSN	
PART IV - RECOMMENDATIONS/APPROVAL/DISAPPROVAL			
22. I certify that this individual is eligible for an award in accordance with AR 600-8-22, and that the information contained in Part I is correct.		22a. SIGNATURE	22b. DATE
23. INTERMEDIATE AUTHORITY	a. TO	b. FROM	c. DATE
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL UPGRADE TO: DOWNGRADE TO:			
e. NAME		f. RANK	
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
24. INTERMEDIATE AUTHORITY	a. TO	b. FROM	c. DATE
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL UPGRADE TO: DOWNGRADE TO:			
e. NAME		f. RANK	
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
25. INTERMEDIATE AUTHORITY	a. TO	b. FROM	c. DATE
d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL UPGRADE TO: DOWNGRADE TO:			
e. NAME		f. RANK	
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
26. APPROVAL AUTHORITY	a. TO	b. FROM	c. DATE
d. <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND UPGRADE TO: DOWNGRADE TO:			
e. NAME		f. RANK	
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
PART V - ORDERS DATA			
27a. ORDERS ISSUING HQ		27b. PERMANENT ORDER NO.	31. DISTRIBUTION
28a. NAME OF ORDERS APPROVAL AUTHORITY		28b. RANK	
28c. TITLE/POSITION		29. APPROVED AWARD	
28d. SIGNATURE		30. DATE	

SECURITY CLASSIFICATION

RECOMMENDATION FOR JOINT SERVICE ACHIEVEMENT MEDAL

(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	

USSID 4000

☐ YES☐ NO

REASON FOR AWARD

☐ Outstanding Achievement
(One specific act/program)☐ Meritorious Service
(Entire Tour)

FORWARDING ADDRESS / GAINING UNIT

OCCASION FOR AWARD

☐ PCA☐ PCS☐ SEPARATION☐ RETIREMENT☐ POSTHUMOUS

START (YYYY-MM-DD)

END (YYYY-MM-DD)

DESIRED PRESENTATION DATE
(YYYY-MM-DD)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!!**

THRU	INITIALS	DATE (YYYY-MM-DD)	CONCURRENCE BY COMMANDER MILITARY SUPPORT ELEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	
THRU	INITIALS	DATE (YYYY-MM-DD)	COORDINATED WITH	
CLASSIFICATION ADVISORY OFFICER REVIEW			MUST BE SIGNED BY JSAM APPROVAL AUTHORITY	
			<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	
			TYPED NAME	ORG
			SIGNATURE	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)

RECORD OF FREEDOM OF INFORMATION (FOI) PROCESSING COST <i>Please read instructions on back before completing form.</i>					REPORT CONTROL SYMBOL	
1. REQUEST NUMBER		2. REQUEST NUMBER (X one)		3. DATE COMPLETED (YYYYMMDD)		
		a. INITIAL	b. APPEAL			
4. CLERICAL HOURS (E-9/GS-8 and below)			TOTAL HOURS (1)	HOURLY RATE (2)		COST (3)
a. SEARCH				X	\$12.00	=
b. REVIEW / EXCISING						
c. CORRESPONDENCE AND FORMS PREPARATION						
d. OTHER ACTIVITY						
5. PROFESSIONAL HOURS (O-1 - O-6/GS-9 - GS-15)			TOTAL HOURS (1)	HOURLY RATE (2)		COST (3)
a. SEARCH				X	\$25.00	=
b. REVIEW / EXCISING						
c. COORDINATION / APPROVAL / DENIAL						
d. OTHER ACTIVITY						
6. EXECUTIVE HOURS (O-7 - GS-16 / ES 1 and above)			TOTAL HOURS (1)	HOURLY RATE (2)		COST (3)
a. SEARCH				X	\$45.00	=
b. REVIEW / EXCISING						
c. COORDINATION / APPROVAL / DENIAL						
7. COMPUTER SEARCH			TOTAL HOURS (1)	HOURLY RATE (2)		COST (3)
a. MACHINE HOURS				X		=
b. PROGRAMMER / OPERATOR TIME						
(1) Clerical						
(2) Professional						
8. OFFICE COPY REPRODUCTION			NUMBER (1)	RATE (2)		COST (3)
a. PAGES REPRODUCED				X	.15	=
9. MICROFICHE REPRODUCTION			NUMBER (1)	RATE (2)		COST (3)
a. MICROFICHE REPRODUCED				X	.25	=
10. PRINTED RECORDS			TOTAL PAGES (1)	RATE (2)		COST (3)
a. FORMS				X	.02	=
b. PUBLICATIONS						
c. REPORTS						
11. COMPUTER COPY			NUMBER (1)	ACTUAL COST (2)		COST (3)
a. TAPE				X		=
b. PRINTOUT						
12. AUDIOVISUAL MATERIALS			NUMBER (1)	ACTUAL COST (2)		COST (3)
a. MATERIALS REPRODUCED				X		=
13. FOR FOI OFFICE USE ONLY						
a. SEARCH FEES PAID			f. TOTAL COLLECTABLE COSTS			
b. REVIEW FEES PAID			g. TOTAL PROCESSING COSTS			
c. COPY FEES PAID			h. TOTAL CHARGED			
d. TOTAL PAID			i. FEES WAIVED / REDUCED (X one)		Yes	No
e. DATE PAID (YYYYMMDD)			* Chargeable to all requesters after application of all waiver criteria. ** Chargeable only to commercial requesters.			

INSTRUCTIONS FOR COMPLETING DD FORM 2086

This form is used to record costs associated with the processing of a Freedom of Information request.

1. REQUEST NUMBER - First two digits will express Calendar Year followed by dash (-) and Component's request number, i.e., 97-001.

2. TYPE OF REQUEST - Mark the appropriate block to indicate initial request or appeal of a denial.

3. DATE COMPLETED - Enter year, month and day, i.e., 19970621.

4. CLERICAL HOURS - For each applicable activity category, enter time expended to the nearest 15 minutes in the total hours column. The activity categories are:

Search - Time spent in locating from the files the requested information.

Review / Excising - Time spent in reviewing the document content and determining if the entire document must retain its classification or segments could be excised thereby permitting the remainder of the document to be declassified. In reviews for other than classification, FOI exemptions 2 through 9 should be considered.

Correspondence and Forms Preparation - Time spent in preparing the necessary correspondence and forms to answer the request.

Other Activity - Time spent in activity other than above, such as duplicating documents, hand carrying documents to other locations, restoring files, etc.

- Multiply the time in the total hours column of each category by the hourly rate and enter the cost figures for each category.

5. PROFESSIONAL HOURS - For each applicable activity category, enter time expended to the nearest 15 minutes in the total hours column. The activity categories are:

Search / Review / Excising, and Other Activity - See explanation above.

Coordination / Approval / Denial - Time spent coordinating the staff action with interested offices or agencies and obtaining the approval for the release or denial of the requested information.

- Multiply the time in the total hours column of each category by the hourly rate and enter the cost figures for each category.

6. EXECUTIVE HOURS - For each applicable activity category, enter the time expended to the nearest 15 minutes in the total hours column. The activity categories are:

Search / Review / Excising - See explanation above.

Coordination / Approval / Denial - See explanation above.

- Multiply the time in the total hours column of each category by the hourly rate and enter the cost figures for each category.

7. COMPUTER SEARCH - When the amount of government-owned (not leased) computer processing machine time required to complete a search is known, and accurate cost information for operation on an hourly basis is available, enter the time used and the hourly rate. Then, calculate the total cost which is fully chargeable to the requester.

- Programmer and operator costs are calculated using the same method as in Items 4 and 5. This cost is also fully chargeable to requesters as computer search time.

8. OFFICE COPY REPRODUCTION - Enter the number of pages reproduced.

- Multiply by the rate per copy and enter cost figures.

9. MICROFICHE REPRODUCTION - Enter the number of microfiche copies reproduced.

- Multiply by the rate per copy and enter cost figures.

10. PRINTED RECORDS - Enter the total pages in each category. The categories are:

Forms (Include any type of printed forms)

Publications (Include any type of bound document, such as directives, regulations, studies, etc.)

Reports (Include any type of memorandum, staff action paper, etc.)

- Multiply the total number of pages in each category by the rate per page and enter cost figures.

11. COMPUTER COPY - Enter the total number of tapes and/or printouts.

- Multiply by the actual cost per tape or printout and enter cost figures.

12. AUDIOVISUAL MATERIALS - Duplication cost is the actual cost of reproducing the material, including the wages of the person doing the work.

13. FOR FOI OFFICE USE ONLY -

Search Fees Paid - Enter total search fees paid by the requester.

Review Fees Paid - Enter total review fees paid by the requester.

Copy Fees Paid - Enter the total of copy fees paid by the requester.

Total Paid - Add search fees paid and copy fees paid. Enter total in the total paid block.

Date Paid - Enter year, month, and day, i.e., 19971024, the fee payment was received.

Total Collectable Costs - Add the blocks in the cost column marked with an asterisk and enter total in the total collectable cost block. Apply the appropriate waiver for the category of requester prior to inserting the final figure. Further discussion of chargeable fees is contained in Chapter VI of DoD Regulation 5400.7-R.

Total Processing Costs - Add all blocks in the cost column and enter total in the total processing cost block. The total processing cost in most cases will exceed the total collectable cost.

Total Charged - Enter the total amount that the requester was charged, taking into account the fee waiver threshold and fee waiver policy.

Fees Waived / Reduced - Indicate if the cost of processing the request was waived or reduced by placing an "X" in the "Yes" block or the "No" block.

SECURITY CLASSIFICATION (if any)

RECORDS CENTER WITHDRAWAL REQUEST

NAME		BUILDING	SUITE
ORGANIZATION	PHONE		ROOM

☐

RESEARCH / CUSTOMER PICKUP

DATE (YYYYMMDD)

APPROXIMATE TIME

BOX NUMBER	FILE / DOCUMENT	LOCATION

DATE RECEIVED

TIME

INITIALS

DATE COMPLETED

TIME

INITIALS

RECREATION FACILITY RESERVATION

☐

SOFTBALL FIELD

☐

PICNIC

1. I understand that the area which I am reserving will be later used by other personnel. I am to clean the area, place trash and other debris in the furnished containers, and report all damages to CWF prior to 0900 hours. Metal or paper containers may only be used at the facility. **NO GLASS BOTTLES ALLOWED ON RECREATION AREAS.**
2. Maintenance buildings and machinery located on the recreation site are **OFF LIMITS**. It is my responsibility to prohibit my party from general abuse of NSACWFC property and grounds.
3. **SOFTBALL FIELDS ONLY:** Concessionaires, vendors, use of grills, pets off leash and alcoholic beverages are prohibited at all ballfields. (*Patuxent Research Refuge Property*)

RESERVED (Area)		(Date)	NO. OF PEOPLE
NAME	PRINTED	ORG.	NON-SECURE PHONE
	SIGNATURE	DATE	

THE ABOVE NAMED INDIVIDUAL HAS PERMISSION OF THE CWFC TO USE ABOVE MARKED RECREATION FACILITY.

APPROVED BY	DATE
-------------	------

THIS FORM MUST ACCOMPANY ABOVE NAMED PERSON

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

RED BADGE SPONSORSHIP FORM

JUSTIFICATION

[illegible]

FORM G1819A REV MAR 2002 (Supersedes G1819A REV AUG 92 which is obsolete)

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

SECURITY CLASSIFICATION (if any)

RED PICTURE BADGE APPLICATION**TYPE OR PRINT (USE BLACK INK ONLY)**

PRIVACY ACT STATEMENT: Auth for collecting info requested on this form is contained in 50 U.S.C. Section 402 note, 50 U.S.C. Sections 831-835, and EO 10450, 12333, 12958, and 12968. 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 your SSN is EO 9397. The requested info you provide will be used to assist in processing your Red Picture Badge request. You disclosure of requested info, including SSN, is voluntary. However, failure to furnish the requested info, other than SSN, may delay or prevent processing of your request.

DATE (YYYYMMDD)

JOB NUMBER

COMPANY NAME

1a. NAME (Last)		(First)	(Middle)	b. MAIDEN NAME (if any)		2. ALIASES	
3. PHYSICAL CHARACTERISTICS (Complete ALL blocks)							
a. SEX <input type="checkbox"/> M <input type="checkbox"/> F		b. RACE		c. HEIGHT	d. WEIGHT	e. HAIR COLOR	f. EYE COLOR
4. DATE OF BIRTH (YYYYMMDD)		5. PLACE OF BIRTH a. CITY		b. COUNTY	c. STATE	d. COUNTRY	
6a. U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		b. NATIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO		c. IF NATURALIZED, CERTIFICATE NO (s)		d. IF DERIVED, PARENT(s) CERTIFICATE NO (s)	

7. FAMILY

a. RELATIONSHIP AND NAME (Last, First, MI)	b. DATE OF BIRTH (YYYYMMDD)	c. PLACE OF BIRTH	d. ADDRESS
FATHER			
MOTHER (Include Maiden Name)			
SPOUSE (Include Maiden Name, if applicable)			
CHILDREN			

e. ARE ALL MEMBERS OF YOUR IMMEDIATE FAMILY AND ALL PERSONS LIVING IN YOUR HOUSEHOLD UNITED STATES CITIZENS? (If you answer "NO", list their full name, relationship to you, and their citizenship in Section #12, "REMARKS".)

☐ YES ☐ NO
8. RESIDENCES (Begin with CURRENT address and then list prior address)

a. DATES (YYYYMM)		b. NUMBER AND STREET	c. CITY	d. STATE	e. ZIP Code
FROM	TO				
	PRESENT				

9. EMPLOYMENT (List CURRENT job)

a. DATES (YYYYMM)		b. NAME OF EMPLOYER	c. ADDRESS	d. ZIP Code	e. SUPERVISOR
FROM	TO				
	PRESENT				

10. DRUG INVOLVEMENT AND MENTAL HEALTH ("YES" answers MUST be explained in Section #12, "REMARKS")

(yes)	(no)	
		a. Have you ever been involved in the illegal manufacture, production, trafficking, or sale of any narcotic or drug?
		b. Have you ever been treated for a mental, emotional, psychological, or personality disorder/condition/problem?

SECURITY CLASSIFICATION (if any)

RED PICTURE BADGE APPLICATION (Continued)

11. ARRESTS ("YES" answers **MUST** be explained below and/or in Section #12, "REMARKS")

(yes)	(no)	a. Have you ever been arrested, charged, cited, convicted, or held by Federal, State, or other law enforcement or juvenile authorities regardless of whether the citation was dropped or dismissed or you were found not guilty? Include all Courts-Martial or Non-Judicial punishment while in military service. (You may exclude minor traffic violations for which a fine of forfeiture or \$100 or less was imposed.)				
		b. Have you ever been detained, held in, or served time in, any jail or prison, or reform or industrial school, or any juvenile facility or institution under the jurisdiction of any City, County, State, Federal, or Foreign Country?				
		c. Have you ever been, or are you now, under suspended sentence, parole, or probation or awaiting any action on charges against you? (If "YES", please complete information below)				
		(1) DATE (YYYYMMDD)	(2) NATURE OF OFFENSE OR VIOLATION	(3) NAME AND LOCATION OF POLICE AGENCY	(4) NAME AND LOCATION OF COURT	(5) PENALTY IMPOSED OR OTHER DISPOSITION IN EACH CASE

12. REMARKS (If additional space is required, use a separate sheet of paper)

SIGNATURE	SOCIAL SECURITY NUMBER	DATE (YYYYMMDD)
-----------	------------------------	-----------------

Register Of Separations and Transfers

FERS

Federal Employees Retirement System

[illegible]

INSTRUCTIONS: One copy of this register MUST accompany FERS Retirement Records, SF 3100's, transmitted to the Office of Personnel Management at FERS, P.O. Box 200, Boyers, PA 16020. DO NOT USE this form to cover CSRS SF 2806's; instead use form SF 2807. Use the payroll office number of SUBMITTING office.

[illegible]

REIMBURSABLE PSYCHOLOGICAL EVALUATIONS RECORD

PSYCHOLOGIST	DATE	
CONTRACT NO	PER CASE RATE	
NAME	SSN	
EVALUATION TYPE	TIME IN	TIME OUT
NAME	SSN	
EVALUATION TYPE	TIME IN	TIME OUT
NAME	SSN	
EVALUATION TYPE	TIME IN	TIME OUT
NAME	SSN	
EVALUATION TYPE	TIME IN	TIME OUT
NAME	SSN	
EVALUATION TYPE	TIME IN	TIME OUT
NAME	SSN	
EVALUATION TYPE	TIME IN	TIME OUT
NAME	SSN	
EVALUATION TYPE	TIME IN	TIME OUT
NAME	SSN	
EVALUATION TYPE	TIME IN	TIME OUT
NAME	SSN	
EVALUATION TYPE	TIME IN	TIME OUT
NAME	SSN	
EVALUATION TYPE	TIME IN	TIME OUT
NAME	SSN	
EVALUATION TYPE	TIME IN	TIME OUT
NAME	SSN	
EVALUATION TYPE	TIME IN	TIME OUT
NAME	SSN	
EVALUATION TYPE	TIME IN	TIME OUT

REIMBURSABLE PSYCHOLOGICAL EVALUATIONS RECORD

PSYCHOLOGIST	DATE	
CONTRACT NO	PER CASE RATE	
[REDACTED]		
EVALUATION TYPE	TIME IN	TIME OUT
[REDACTED]		
EVALUATION TYPE	TIME IN	TIME OUT
[REDACTED]		
EVALUATION TYPE	TIME IN	TIME OUT
[REDACTED]		
EVALUATION TYPE	TIME IN	TIME OUT
[REDACTED]		
EVALUATION TYPE	TIME IN	TIME OUT
[REDACTED]		
EVALUATION TYPE	TIME IN	TIME OUT
[REDACTED]		
EVALUATION TYPE	TIME IN	TIME OUT
[REDACTED]		
EVALUATION TYPE	TIME IN	TIME OUT
[REDACTED]		
EVALUATION TYPE	TIME IN	TIME OUT
[REDACTED]		
EVALUATION TYPE	TIME IN	TIME OUT
[REDACTED]		
EVALUATION TYPE	TIME IN	TIME OUT
[REDACTED]		
EVALUATION TYPE	TIME IN	TIME OUT
[REDACTED]		

SECURITY CLASSIFICATION (if any)

PRIVACY ACT STATEMENT: Authority for collecting information requested on this form is contained in 40 U.S.C. Sec. 318 and 50 U.S.C. Sec. 402 note. NSA's Blanket Routine uses found at 58 Fed. Reg. 10,531 (1993) as well as the specific uses enumerated in GNSA07 applies to this information. The requested information you provide will be used to identify the individual before any emergency assistance is provided. Failure to furnish the requested information may delay or prevent emergency assistance.

**RELEASE OF LIABILITY OF THE UNITED STATES
GOVERNMENT, ITS AGENCIES AND EMPLOYEES**

TIME

DATE ASSISTANCE PROVIDED (YYYYMMDD)

The National Security Agency Police will provide assistance to stranded motorists at the National Security Agency facilities for safety and security reasons.

In consideration of their providing service(s), the individual receiving the assistance, his/her heirs, assigns and personal representative, forever waives, releases and discharges the officer, in both their individual and official capacities, their agency(ies) and the United States from any and all personal injury or property damage, whether direct or consequential, which may arise out of their acts in providing the assistance. If the individual receiving the assistance is not the sole owner of the property, the undersigned agrees to hold harmless and defend, the officer(s), their supervisors, agencies and the United States against any and all claims brought against them by the true owner(s).

PERSON RECEIVING ASSISTANCE (Last, First, MI) **PRINT!!**

(Signature)

VEHICLE (Make)

(Model)

(Tag Number)

(State)

LOCATION OF VEHICLE

DID YOU VERIFY OWNERSHIP OF VEHICLE?

☐ YES (If so, how?)☐ NO

TYPE OF ASSISTANCE PROVIDED

☐ UNLOCK DOOR☐ JUMP START☐ OTHER (Describe)

IN PROVIDING THE ASSISTANCE, WAS ANY INCIDENTAL DAMAGE DONE TO THE VEHICLE?

☐ YES (If so, describe?)☐ NO

APPROXIMATELY HOW LONG WERE YOU INVOLVED IN PROVIDING ASSISTANCE?

COMMENTS

OFFICER(S) PROVIDING ASSISTANCE (Last, First, MI)

SIGNATURE OF ASSISTING OFFICER

APPROVAL BY NSA POLICE SUPERVISOR

RELEASER'S CHECKLIST

REPORT CONTENT		REPORT CONTENT (Continued)	
FOREIGN INTELLIGENCE		SECURITY CONTROL MARKINGS	
REPORTABLE		EXPANDED	
ANSWERS A REQUIREMENT		FORMAT	
REQUIREMENTS, MBB CODES		SANITIZATION FORMAT CORRECT	
NEWSWORTHY		USSID 18 MINIMIZATION	
PRIORITY		COORDINATION REQUIRED	
SANITIZABLE/WTR			
GRAMMAR			
SPELLING			
PUNCTUATION			
WORD USAGE			
FACTS SUPPORT CONCLUSION		REPORT DISTRIBUTION	
5Ws		PROPER REPORT VEHICLE	
5Cs		STANDARD DISTRIBUTION	
ORGANIZATIONAL STRATEGIES		NON-STANDARD DISTRIBUTION	
INVERTED PYRAMID		LESS, WRITE-INS, ZENS	
LEAD PLUS EQUAL FACTS		SPECIAL DISTRIBUTION REQUIRED	
CHRONOLOGY		DISTRIBUTION SPELLED CORRECTLY	
STRONG LEAD		ADDRESSEE GROUPINGS	
STRONG TITLE		DDIs AND TAGs	
HEADLINE STYLE		SENSI-CHECK REQUIRED	
VERB TENSE		CUSTOMIZED VEHICLE	
BODY, LEAD, TITLE TELL SAME STORY		E-, I-, S-SERIES	
STYLE AND USAGE STANDARDS		CORRECTION/READDRESSAL	
CAPITALIZATION			
DATES AND TIMES			
ABBREVIATIONS			
NUMBERS			
MEASUREMENTS, MONEY		REPORT/SOURCE INFORMATION	
HEADINGS AND SUBHEADINGS		USSID 18 IDENTITY FIELDS	
COMMENTS		SOURCE CLASSIFICATION CORRECT	
CONTENT		COLLECTOR FIELD COMPLETE	
FORMAT		COLLECTOR FIELD CORRECT	
COLLATERAL		SEPARATE RECORD PER SOURCE	
CONTENT		SEPARATE PROFILE PER MESSAGE	
FORMAT		SOURCE RECORD FOR COLLATERAL	
FOOTNOTES		ALL SECTIONS VALIDATED	
CONTENT		ALL REQUIRED FIELDS COMPLETE	
FORMAT			
CLASSIFICATION			
OVERALL FOR REPORT			
EACH PORTION INDIVIDUALLY			
SERIAL SERIES MATCHES			

FORM M7216 REV JUN 2000

FOR OFFICIAL USE ONLYApproved for Release by NSA on
02-16-2007, FOIA Case # 42877

SECURITY CLASSIFICATION (if any)		TRANSACTION NUMBER	
REPAIR REQUEST		PREPARE TWO COPIES	
DATE	PRIORITY CODE <input type="checkbox"/> 02 EMERGENCY <input type="checkbox"/> 05 DEADLINE <input type="checkbox"/> 12 ROUTINE	ORGANIZATION	
MAILING ADDRESS			
END ITEM			
EQUIPMENT NOMENCLATURE (e.g., AN/URR-66(V), Honeywell DDP-516, etc.)		NUMBER (model)	(serial) (ID)
ORIGINAL EQUIPMENT MANUFACTURER AND CAGE CODE OF MANUFACTURERS		EQUIPMENT TYPE (e.g., Receiver, Computer, Recorder, etc.)	
PART BEING RETURNED (e.g., printed ckt card, motor, etc.)	PART OR MODEL NUMBER		SERIAL NUMBER
BAR CODE NUMBER	DOCUMENTATION SUBMITTED WITH ITEM <input type="checkbox"/> YES <input type="checkbox"/> NO	NATIONAL STOCK NUMBER	
ESTIMATED PRICE OF ITEM	PROJECT NAME/NOMENCLATURE ITEM IS FROM		
DEFICIENCIES OR SYMPTOMS/REMARKS (Give a thorough analysis of failure; also indicate any remarks pertinent to the item returned)			

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MODE OF SHIPMENT (check one)				
<input type="checkbox"/> AIR PARCEL POST	<input type="checkbox"/> REGISTERED MAIL	<input type="checkbox"/> DCS	<input type="checkbox"/> FREIGHT	<input type="checkbox"/> OTHER (Specify)
CONTROL NUMBERS ASSIGNED				
FOR SHIPMENT BY REGISTERED MAIL OR DCS		FREIGHT SHIPMENTS (indicate traffic control number)		
FORM H6533 REV OCT 96 (Supersedes H6533 REV MAR 89 which is obsolete)			SECURITY CLASSIFICATION (if any)	

NATIONAL SECURITY AGENCY POLICE

REPORT OF ABSENCE

(Sick or Emergency Annual Leave **ONLY**)

REPORT RECEIVED (Date - YYYYMMDD)	(Time)	PERSON REPORTING (Last)	(First)	(MI)
--------------------------------------	--------	----------------------------	---------	------

THE BELOW NAMED EMPLOYEE WAS UNABLE TO REPORT TO
DUTY ON DATE SPECIFIED

ABSENT EMPLOYEE (Last)	(First)	(MI)	POSITION
---------------------------	---------	------	----------

ID NUMBER	DATE NOT ABLE TO REPORT ON DUTY (YYYYMMDD)
-----------	--

REASON

EMPLOYEE TO RETURN TO DUTY (Time)	(Date - YYYYMMDD)
-----------------------------------	-------------------

REPORTING PERSON SIGNATURE

EMPLOYEE'S NOTICE OF INTENT AND ACTUAL RETURN TO DUTY

NOTICE RECEIVED (Time)	(Date - YYYYMMDD)
------------------------	-------------------

EMPLOYEE RETURNED TO DUTY (Time)	(Date - YYYYMMDD)
----------------------------------	-------------------

CHARGE		SUPERVISOR SIGNATURE
Annual Leave	Sick Leave	
hrs.	hrs.	

FORM P3767 REV FEB 2002	SECURITY CLASSIFICATION (if any)
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NATIONAL SECURITY AGENCY POLICE

REPORT OF ABSENCE

(Sick or Emergency Annual Leave **ONLY**)

REPORT RECEIVED (Date - YYYYMMDD)	(Time)	PERSON REPORTING (Last)	(First)	(MI)
--------------------------------------	--------	----------------------------	---------	------

THE BELOW NAMED EMPLOYEE WAS UNABLE TO REPORT TO
DUTY ON DATE SPECIFIED

ABSENT EMPLOYEE (Last)	(First)	(MI)	POSITION
---------------------------	---------	------	----------

ID NUMBER	DATE NOT ABLE TO REPORT ON DUTY (YYYYMMDD)
-----------	--

REASON

EMPLOYEE TO RETURN TO DUTY (Time)	(Date - YYYYMMDD)
-----------------------------------	-------------------

REPORTING PERSON SIGNATURE

EMPLOYEE'S NOTICE OF INTENT AND ACTUAL RETURN TO DUTY

NOTICE RECEIVED (Time)	(Date - YYYYMMDD)
------------------------	-------------------

EMPLOYEE RETURNED TO DUTY (Time)	(Date - YYYYMMDD)
----------------------------------	-------------------

CHARGE		SUPERVISOR SIGNATURE
Annual Leave	Sick Leave	
hrs.	hrs.	

FORM P3767 REV FEB 2002	SECURITY CLASSIFICATION (if any)
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Approved for Release by NSA on
02-16-2007, FOIA Case # 42877

REPORT OF MISHAP

TO: KEY COMPONENT SAFETY
AND HEALTH OFFICER

FROM: ORGANIZATION (Alpha + 4)

PRIVACY ACT STATEMENT: Authority for collecting information requested on this form is contained in 5 U.S.C. 7901; 10 U.S.C. 1601-1616; 29 CFR 668; 50 U.S.C. 402 note; and E.O. 12333. 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 will be used (primarily) to track occupational incidents, process accident and compensation claims and correct hazardous conditions. Your disclosure of requested information, including your SSN, is voluntary. However, failure to furnish any of the requested information may delay or prevent NSA from maintaining proper records on occupational mishaps and potentially hinder the processing of your claim(s).

DATE OF ACCIDENT (YYYY-MM-DD)	NAME (Please Print) (Last) (First) (MI)	
PHONE NUMBER (Where employee can be reached for clarification) (Secure) (Non-Secure)	JOB TITLE	SSN
ACCIDENT LOCATION (Building/Area: e.g., OPS1/ 2nd floor hallway)		MOTOR VEHICLE ACCIDENT? <input type="checkbox"/> YES (Attach copy of accident report) <input type="checkbox"/> NO

NARRATIVE DESCRIPTION OF MISHAP (Explain in detail the mishap event and include injury(ies) and / or illness, part of body injured, medical treatment (if any), and property damage (if any). Use additional page if necessary)

CORRECTIVE ACTIONS (Explain in detail any methods or steps taken to prevent the mishap from reoccurring. Use additional page if necessary.)

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02-16-2007, FOIA Case #42877

SEVERITY OF INJURY / ILLNESS (Check appropriate blocks)

FATALITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF DEATH (YYYYMMDD)	LOSS OF CONSCIOUSNESS RESULTING FROM AN INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAL TREATMENT (Non-minor injuries that MUST be treated ONLY by a physician or licensed medical personnel) <input type="checkbox"/> YES <input type="checkbox"/> NO
WORK DAYS LOST (Not including day of injury?) (Number of days) <input type="checkbox"/> YES <input type="checkbox"/> NO	RESTRICTED WORK DAYS LOST (Not including day of injury?) (Days unable to perform all of normal duties) (Number of days) <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRST AID (One-time treatment for minor injury) <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYEE (Signature)		DATE	
OSHRRep (Printed Name)		SIGNATURE	DATE
SUPERVISOR (Printed Name)		TITLE	DATE
KEY COMPONENT SAFETY AND HEALTH OFFICER (Signature) (Please use additional page if comments are necessary)			

REPORT OF OTHER TRANSACTIONS FOR PROTOTYPE PROJECTS						REPORT CONTROL SYMBOL DD-A&T(AR)2037	
1. TYPE OF REPORT <input type="checkbox"/> 0 Original <input type="checkbox"/> 1 Cancelling <input type="checkbox"/> 2 Correcting		2. REPORT NUMBER		3. CONTRACTING OFFICE CODE		4. NAME OF CONTRACTING OFFICE	
5. AGREEMENTS OFFICER a. NAME (Last, First, Middle Initial)				b. TELEPHONE (Incl. Area Code)		6. PIIN	
7. MODIFICATION NUMBER		8. ACTION DATE (YYYYMMDD)		9. COMPLETION DATE (YYYYMMDD)		10. DUNS NUMBER	
11. CAGE CODE		12. CONTRACTOR NAME AND DIVISION NAME					
13. CONTRACTOR ADDRESS (Street, Suite Number, City, State and ZIP Code)						14. CONSORTIUM AGREEMENT <input type="checkbox"/> Y Yes <input type="checkbox"/> N No	
15. FIRST-TIME DOD CONTRACTOR <input type="checkbox"/> Y Yes <input type="checkbox"/> N No							
16. TYPE OF BUSINESS <input type="checkbox"/> A Small Disadvantaged Business Performing in U.S. <input type="checkbox"/> B Other Small Business Performing in U.S. <input type="checkbox"/> C Large Business Performing in U.S. <input type="checkbox"/> L Foreign Concern/Entity <input type="checkbox"/> M Domestic Firm Performing Outside U.S. <input type="checkbox"/> U Historically Black Colleges and Universities or Minority Institutions <input type="checkbox"/> V Other Educational <input type="checkbox"/> Z Other Nonprofit							
17. TIN		18. PARENT TIN		19. PARENT NAME			
20. PRINCIPAL PLACE OF PERFORMANCE a. CITY OR PLACE CODE b. STATE OR COUNTRY CODE c. CITY OR PLACE AND STATE OR COUNTRY NAME							
21. PLACE OF MANUFACTURE <input type="checkbox"/> A U.S. <input type="checkbox"/> B Foreign		22. COUNTRY OF ORIGIN CODE		23. TECHNOLOGY AREA(S) OF RESEARCH			
24. PRINCIPAL PRODUCT OR SERVICE a. FSC OR SVC CODE b. DOD CLAIMANT PROGRAM CODE c. PROGRAM, SYSTEM OR EQUIPMENT CODE d. SIC CODE e. NAME/DESCRIPTION							
25. TYPE OF OBLIGATION <input type="checkbox"/> 1 Obligation <input type="checkbox"/> 2 Deobligation		26. TOTAL DOLLARS		27. TYPE OF ACTION <input type="checkbox"/> A Initial Award <input type="checkbox"/> B Out of Scope Change <input type="checkbox"/> C Funding Action		28. CREDITED PAYMENTS <input type="checkbox"/> Y Yes <input type="checkbox"/> N No	
29. TYPE OF INSTRUMENT <input type="checkbox"/> A Fixed-Price Redetermination <input type="checkbox"/> J Firm-Fixed Price <input type="checkbox"/> K Fixed-Price Economic Price Adjustment <input type="checkbox"/> L Fixed-Price Incentive <input type="checkbox"/> R Cost-Plus-Award Fee <input type="checkbox"/> S Cost-No Fee <input type="checkbox"/> T Cost-Sharing <input type="checkbox"/> U Cost-Plus-Fixed Fee <input type="checkbox"/> V Cost-Plus-Incentive-Fee <input type="checkbox"/> W Other						30. FINANCING <input type="checkbox"/> A Progress Payments <input type="checkbox"/> D Unusual Progress Payments or Advance Payments <input type="checkbox"/> E Commercial Financing <input type="checkbox"/> F Payable Milestones <input type="checkbox"/> Z Not Applicable	
31. CONTRACTOR COST-SHARE a. AMOUNT b. PERCENT		32. TOTAL AMOUNT OF AGREEMENT		33. EXTENT COMPETED <input type="checkbox"/> A Competed Action <input type="checkbox"/> C Follow-on to Competed Action <input type="checkbox"/> D Not Competed		34. NUMBER OF OFFERORS SOLICITED <input type="checkbox"/> 1 One <input type="checkbox"/> 2 More than One	
35. NUMBER OF OFFERS RECEIVED							
36. REASONS FOR USING AN 845 OT AND EXPECTED BENEFITS (Continue on a separate page if necessary)							
37. TECHNOLOGY AND INDUSTRIAL BASE IMPLICATIONS (Continue on a separate page if necessary)							

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. Agency code and subelement, and submitting office number (xx-xx-xxxx)	B. Standard document number (Org identifier / FY, Doc. / type code / Serial number)	C. Request Status or Process Code (X one)		D. Amendment No
		(1) Initial	(2) Resubmission	
		(3) Correction	(4) Cancellation	

Section A - TRAINEE / APPLICANT INFORMATION

1. Name (Last, First, Middle Initial)	2. 1st 5 letters of last name	3. Social Security Number	4. Ed. level	5. Continuous Federal Svc a. Years b. Months	
6. Home Address (Street, City, State and ZIP Code)(optional)	7. Phone Numbers (Include area code)		8. Position Title		
	a. Home b. Office				
11. Organization Name	(1) Commercial (2) Auto von		9. Position Level (X one)		10. Pay Plan / Series / Grade / Step (Rank / MOS / AFSC / or Navy Designator)
			a. Executive b. Manager		
12. Organization Mailing Address (Include ZIP)	13. Organization UIC		c. Supervisory		14. Type of Appointment
	16. Are you handicapped or disabled? (X one)		d. Non-Supervisory		
		Yes No	e. Other (Specify)		15. No. prior non-government training days

Section B - TRAINING COURSE DATA

17. Course Title				19. Recommended Training Source, School or Facility			
18. Training Objectives (Benefits to be derived by the Government)				a. Name			
				b. Mailing address (Include ZIP)			
20. Course Codes				c. Location of training site (If other than 19b)			
a. Purpose		f. Security Clearance		k. Training Program			
b. Type		g. Allocation Status		l. Reason for Selection		21. Course hours (4 digits)	22. Course Identifiers
c. Source		h. Priority		23. Training Period (YYMMDD)		a. Duty	a. SAID
d. Special Interest		i. Training Level		a. Start		b. Non-duty	b. Catalog/Course No.
e. Training Vendor		j. Method of Training		b. Complete		c. TOTAL	c. Offering/TLN

Section C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30)

24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box							
25. Direct Costs		26. Indirect Costs (For information only)		27. Accounting Classification			
a. Tuition cost		a. Travel cost					
b. Books, material, other costs		b. Per diem/other costs					
c. Total direct costs		c. Total indirect costs					
d. Funding source		28. Labor Costs		29. Signature of Fiscal Officer (Follow local procedure)		30. Total of Direct & Indirect Costs	
31. Job Order No.							

Section D - APPROVAL / CONCURRENCE / CERTIFICATION

32. Supervisor: I certify training is job related and nominee meets prerequisites. (If not, attach waiver.)				33. Training Officer: I certify this training meets regulatory requirements.			
a. Typed Name (Last, First, Middle Initial)		b. Phone number (Include area code)		a. Typed Name (Last, First, Middle Initial)		b. Phone number (Include area code)	
c. Signature & Title		d. Date		c. Signature & Title		d. Date	
34. Authorizing Official				35. Course Acceptance (To be completed by school official)			
a. Action (X one)		(1) Approved (2) Disapproved		a. Accepted b. Not Accepted		c. School Official Signature	
b. Typed Name (Last, First, Middle Initial)		c. Phone number (Include area code)				d. Date	
d. Signature & Title		e. Date		36. Course Completion (To be completed by school official)			
37. Billing Instructions (Identify discount terms Furnish original invoice and 3 copies to: % days.)				a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo.		b. Actual Completion Date (YYMMDD)	
				c. Grade		e. Date	
				38. Certifying Government Official			
				a. I certify that this account is correct and proper for payment in the amount of: \$			
				b. Signature		c. Date Signed	
d. DSSN Number		e. Check Number		f. Voucher Number			

TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.

PRIVACY ACT STATEMENT

AUTHORITY: The Government Employees Training Act of 1958 (USC, Title 5, 4101 to 4118), EO 9397, November 1943 (SSN).

PURPOSE AND USE: The information on this form is used in the administration of the Federal Training Program. The purpose of this form is to document the nomination of trainees and completion of training; it also serves as the principal repository of personal, fiscal and administrative information about trainees and the programs in which they participate. The form becomes a part of the permanent employment record of participants in training programs and is included in the Government's Central Personnel Data File.

DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs.

SECTION E - TRAINEE AGREEMENT / CERTIFICATION**39. AGREEMENT TO CONTINUE IN SERVICE**

This agreement applies to all non-government training that exceeds 80 hours (or such other designated period, 80 hours or less, as prescribed by the agency) and for which the Government approves payment of training costs prior to the commencement of such training. Nothing contained in this section shall be construed as limiting the authority of an agency to waive, in whole or in part, an obligation of an employee to pay expenses incurred by the Government in connection with the training.

a. I AGREE that upon completion of the Government sponsored training described in this request, I will serve in the Department of Defense (DoD) three times the length of the training period; except that if I receive no salary for the time spent in training the period of obligated service will be either one month or a period equal to the amount of time spent in training, whichever is greater. (The length of part-time training is the number of hours spent in class or with the instructor. The length of full-time training is eight hours for each day of training, up to a maximum of 40 hours a week.)

b. If I voluntarily leave the DoD and the Federal service before completing the period of service agreed to in item a above, I AGREE to reimburse the DoD for the tuition and related fees, travel, and other special expenses (EXCLUDING SALARY) paid in connection with my training. However, the amount of reimbursement will be reduced on a pro rata basis for the percentage of completion of the obligated service. (For example, if the cost of training is \$900 and I complete two-thirds of the obligated service, I will reimburse the DoD \$300 instead of the original \$900.)

c. If I voluntarily leave the DoD to enter the service of another Federal agency or other organization in any branch of the Government before completing the period of service agreed to in item a above, I will give my servicing Civilian Personnel Office or Training Office advance notice during which time, in accordance with Federal regulations, a determination concerning reimbursement or transfer of the remaining service obligation to the gaining agency will be made.

d. I understand that any amounts which may be due the employing agency as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law.

e. I acknowledge that this agreement does not in any way commit the Government to continue my employment.

f. Period of obligated service:	(1) From (Enter date (YYMMDD))	(1) To (Enter date (YYMMDD))

39. I am not receiving any contributions, awards, or payments in connection with this training, from any other government agency or non-government organization and shall not accept such without first obtaining approval from the authorizing training official. I agree that should I fail to complete the requested training successfully, due to circumstances within my control, I will reimburse the agency for all training costs (excluding salary) associated with my attendance.

a. TRAINEE SIGNATURE

b. DATE SIGNED

**HELP DOCUMENT
FORM DA 31
REQUEST AND AUTHORITY FOR LEAVE**

If form is being completed in soft copy, it is important to follow same directions as if completing in hard copy. Four copies of the form must be forwarded. Copy designation is as follows:

Copy 1 = ORIGINAL 1
Copy 2 = INDIVIDUAL 2
Copy 3 = SUSPENSE 3
Copy 4 = ORGANIZATION 4

Template already appears with appropriate Copy 1 designation. It is the users responsibility to ensure additional 3 copies are changed to appropriate copy designation before printing and forwarding. When printing form, it is not necessary to print this Help Document.

REQUEST AND AUTHORITY FOR LEAVE				1. CONTROL NUMBER	
This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10. The proponent agency is ODCSPER. (See instructions on reverse.)					
PART - I					
2. NAME (Last, First, Middle Initial)		3. SSN		4. RANK	
				5. DATE	
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.)		7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER		8. ORGN, STATION, AND PHONE NO.	
9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED		b. REQUESTED		c. ADVANCED	
				d. EXCESS	
				a. FROM	
				b. TO	
11. SIGNATURE OF REQUESTOR		12. SUPERVISOR RECOMMENDATION / SIGNATURE <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		13. SIGNATURE AND TITLE OF APPROVING AUTHORITY	
14. DEPARTURE					
a. DATE		b. TIME		c. NAME / TITLE / SIGNATURE OF DEPARTURE AUTHORITY	
15. EXTENSION					
a. NUMBER DAYS		b. DATE APPROVED		c. NAME / TITLE / SIGNATURE OF APPROVAL AUTHORITY	
16. RETURN					
a. DATE		b. TIME		c. NAME / TITLE / SIGNATURE OF RETURN AUTHORITY	
17. REMARKS					
Chargeable leave is from _____ to _____					
PART - II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL					
18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to report to the Aerial Port of Embarkation (APOE) for onward movement to the authorized international airport designated in your travel documents. All additional travel is chargeable to leave. Do not depart the installation without reservations or tickets for authorized space required transportation. File a no-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.					
19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION:					
For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC): Should you require other assistance call PAP:					
20. DEPARTED UNIT		21. ARRIVED APOD		22. ARRIVED APOD (return only)	
				23. ARRIVED HOME UNIT	
PART III - DEPENDENT TRAVEL AUTHORIZATION					
24. <input type="checkbox"/> (Space available or required cash reimbursable) <input type="checkbox"/> ONE WAY <input type="checkbox"/> ROUND TRIP					
25. <input type="checkbox"/> (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25					
DEPENDENT INFORMATION					
a. DEPENDENTS (Last name, First, MI)		b. RELATIONSHIP		c. DATES OF BIRTH (Children)	
				d. PASSPORT NUMBER	
PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION					
26. DESIGNATION AND LOCATION OF HEADQUARTERS				27. ACCOUNTING CITATION	
28. DATE ISSUED		29. TRAVEL ORDER NUMBER		30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION	

PRIVACY ACT STATEMENT

AUTHORITY:	Title 5, USC, Section 301.
PRINCIPAL PURPOSE(S):	To authorize military leave, document start and stop of such leave; record address and telephone number where a soldier may be contacted in case of an emergency during leave; and certify leave days chargeable to a soldier's leave account.
ROUTINE USES:	To update a soldier's military leave and pay records. Information furnished may be disclosed to DOD officials or employees who need this information to perform their duties; to federal, state, and local law enforcement authorities in appropriate cases; the American Red Cross; and relatives. The social security number is used for positive identification.
DISCLOSURE:	Voluntary. Disclosure of SSN is voluntary. However, this form will not be processed without a soldier's SSN, since the Army identifies members by SSN for pay or leave purposes.

INSTRUCTIONS TO INDIVIDUAL

1. **AUTHORITY FOR LEAVE.** A soldier on leave must carry this form while on leave.
2. **CHANGES.** A soldier who desires changes in authorized leave or does not begin leave on schedule will notify commander.
3. **REPORTING.** A soldier will report to duty station not later than 2400 on the last day of leave (*block 10b*) (*even if PCS orders contain a later reporting date*).
4. **DEPARTURE / RETURN.** A soldier will begin and end leave on post, at the duty location, or from the place he or she regularly commutes to work.
5. **CHARGEABLE LEAVE.** If a soldier works over one-half of the normally scheduled working hours on the day of his or her departure or return, that day is not a chargeable leave day. (*Soldier's commander may authorize early departure or late arrival.*) If he or she returns on a normally scheduled nonduty day, that day is not chargeable to leave.
6. **TRAVEL EXPENSES.** A soldier on leave pays for all his or her travel expenses, to include return to duty station. He or she must have sufficient funds to pay all expenses. A soldier without sufficient funds to return to duty station reports to the nearest military installation.
7. **LEAVE EXTENSIONS.** A soldier must request leave extension prior to end of leave.
 - a. If disapproved, 3 above applies.
 - b. If approved, complete block 15a - 15c. Attach written notification of extension when received.
8. **LOST OR DESTROYED LEAVE FORM EN ROUTE PCS.** Request a reconstructed form from the losing station. Continue with required travel and reporting dates.
9. **CASUAL PAY.** A soldier who needs a casual pay while on leave should contact the servicing FAO for information and assistance.
10. **MEDICAL TREATMENT.**
 - a. A soldier who requires medical treatment while on leave, report to the nearest military medical facility. In the absence of such a facility, report to a uniformed services treatment facility or Veteran's Administration facility, if possible.
 - b. Medical treatment at Government expense at other than federal facilities is authorized only for emergencies when treatment cannot be obtained from Government facilities or when prior approval is obtained.
 - c. If a soldier becomes hospitalized by a civilian physician, the soldier or someone acting for him or her must contact the Patient Administration Office of the nearest military medical facility as soon as possible. A soldier may seek assistance from the nearest U.S. Army recruiting station or local chapter of the American Red Cross. Information provided must include nature of illness or injury, date and place of hospitalization, and name and telephone number of attending physician.
 - d. If a soldier is placed sick-in-quarters by a civilian physician he or she will --
 - (1) Contact the Patient Administration Office of the nearest military medical facility.
 - (2) Obtain written statement from attending physician (*military or civilian*) verifying condition and including dates of treatment. Provide statement to leave approving authority upon return to duty.

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as Indicated in Items 2 through 21.							1. DATE OF REQUEST	
REQUEST FOR OFFICIAL TRAVEL								
2. NAME (Last, First, Middle Initial) AND SSAN					3. POSITION TITLE AND GRADE OR RATING			
4. OFFICIAL STATION					5. ORGANIZATIONAL ELEMENT		6. PHONE NO.	
7. TYPE OF ORDERS		8. SECURITY CLEARANCE			9. PURPOSE OF TDY			
10a. APPROX. NO. OF DAYS OF TDY (including travel time)		b. PROCEED O / A (Date)						
11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED								
12. MODE OF TRANSPORTATION								
COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE:	
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						<input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT		
						<input type="checkbox"/> MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION AND RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.		
13. <input type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR. <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)								
14. ESTIMATED COST								15. ADVANCE AUTHORIZED \$
PER DIEM \$		TRAVEL \$		OTHER \$		TOTAL \$		
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.) (Prior to travel overseas comply with the Foreign Clearance Guide for passport, immunization, and clearance requirements. Attach receipts showing cost of all lodgings used during the period of this claim. Submit Travel Voucher within 5 workdays after completion of travel.)								
17. REQUESTING OFFICIAL (Title and signature)					18. APPROVING OFFICIAL (Title and signature)			
AUTHORIZATION								
19. ACCOUNTING CITATION								
20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION						21. DATE ISSUED		
						22. TRAVEL ORDER NUMBER		

REQUEST AND RECEIPT OF COMSEC ACCOUNT FORMS*(Please Read Instructions Carefully!!)***INSTRUCTIONS**

Form **MUST** be completed in triplicate. Forward **two** copies, to address shown below, along with **two** typed, self-addressed, self-stick, address labels. *(It is **MANDATORY** to include your mailing labels to receive your order!!)* Keep one copy of this form for your records. The order will be processed and forwarded along with one copy of this form. Upon receipt of your order, please complete and return **'Receipt'** portion. Please allow 4-6 weeks for delivery. Any questions concerning your request may be directed to the Inventory Manager of forms on (301) 688-6683.

DATE OF REQUEST	DATE DESIRED	COMSEC ACCOUNT NUMBER	SPONSORING ORGANIZATION Y131
REQUESTER'S NAME		PHONE NUMBER <i>(Include area code and, if applicable, extension)</i>	

PLEASE COMPLETE AND FORWARD THIS REQUEST FOR COMSEC ACCOUNT FORMS TO:	ADDRESS WHERE ORDER TO BE SHIPPED (MANDATORY!!)
NATIONAL SECURITY AGENCY ATTN: S711 (G101) SAB #4 - S4140 FORT GEORGE G. MEADE, MD 20755-6000	

FORM NUMBER AND TITLE	STOCK NUMBER	QUANTITY	UNIT OF ISSUE
L6061 COMSEC Material Record	7540-FM-001-1066		Each
N2942B Signature Card	7540-FM-001-0547		Each
J2804 Request and Receipt of COMSEC Account Forms	7540-FM-001-5156		Each
SF - 153 <i>(5 part Carbonized)</i> COMSEC Material Report	7540-00-935-5860		Set <i>(Minimum order is 100 Sets)</i>
SF - 700 Security Container Information	7540-01-214-5372		Each

COMMENTS

FOR NSA USE ONLY

DATE RECEIVED	PROCESSED BY	CONTROL NUMBER
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COMMENTS

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

SIGNATURE	PHONE NUMBER
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FORM J2804 REV JUL 2000 *(Supersedes J2804 REV JUN 98 which is obsolete)*

NSN: 7540-FM-001-5156

RECEIPT *(To be completed and returned to NSA after order received)*

RETURN TO: NATIONAL SECURITY AGENCY ATTN: S711 (G101) SAB #4 - S4140 FORT GEORGE G. MEADE, MD 20755-6000	FROM:	Receipt is hereby acknowledged for the forms ordered under this control number.
		CONTROL NUMBER
RECEIVED BY <i>(Please print)</i>	SIGNATURE	DATE RECEIVED

FORM J2804 REV JUL 2000

NSN: 7540-FM-001-5156

THIS SECTION MUST BE COMPLETED (Mandatory)

DATE	TRY LOCATION NAME	ACTUAL DATE	ACTUAL TRY LOCATIONS	LOGGING
------	-------------------	-------------	----------------------	---------

TRAVEL PURPOSE	<input type="checkbox"/> 12-24 HOURS (Provide actual times)
----------------	---

ESTIMATED REIMBURSABLE EXPENSES (Totals)	TRANSPORTATION	\$
--	----------------	----

EXPLAIN 'OTHER'	TOTAL		\$
-----------------	-------	--	----

REMARKS (Include Justification)		\$
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ENTER DATES OF ANY LEAVE TAKEN DURING TDY:

THIS SECTION MUST BE COMPLETED (Mandatory)

FORM K6934 REV JAN 2002 (Previous editions obsolete) - Page 1

INSTRUCTIONS

Contact Commercial Travel Office PRIOR to completing RTA, except for travel of a sensitive nature.

REQUEST AND TRAVEL AUTHORIZATION (RTA)

TRAVELERS MUST USE CONTRACTED COMMERCIAL TRAVEL OFFICE (CTO), except for travel of a sensitive nature.

TON: Travel Order Number must be completed by Travel.

Dates: Date of departure to date of return.

Site Visiting & City, Country: Name of site, military installation, contractor, etc., to include city, county (if known), state and country.

Travel Category: Indicate, as appropriate, Purpose, Project, Conference or Course name.

Estimated Reimbursable Expenses: Enter all anticipated costs, or enter N/A for any item not applicable. Obtain Air/Rail/Rental Car and Transportation Fee costs from CTO. (Other): i.e. tolls, excess baggage, currency exchange, phone calls, airport taxes, shuttle service, hotel tax.

Remarks: Enter all requests for special authorizations and exceptions to policy. All exceptions to policy must include a justification.

Foreign Flag - CTO must document necessity on itinerary invoice.

Courier - Employee must contact SSO for briefing and signature on RTA. Letter from Travel Office to avoid x-ray is required.

Business Class - CTO must document authorization on itinerary invoice.

Excess Baggage - State number of pieces/number of pounds.

Actual Expense Allowance (AEA) - State days and location where AEA is requested. Show AEA Amount.

Government Equipment - Requires approval from the Approving Official, and a letter from the Travel Office to avoid x-ray.

Imprest Funds - Employee must contact Disbursing Office.

Exemption from Contracted CTO Usage - Refer to Division Manager's Guide on Travel Page.

Phone Calls - State that call was for official purposes or Safe Arrival Call. Refer to Phone Policy on Travel Page.

Leave - Provide dates of any leave to be taken in conjunction with TDY.

Rental Car - Approval for any size larger than a compact must be documented on the RTA.

Exemption from use of Government Charge Card - Sensitive travel only. Requires Security approval.

Traveler, Approving Official Printed Name, Signature and Date: Approving Official signature Mandatory.

EXPENSE REPORT (ER)

Expense Report is required to be filed within 5 days AFTER completion of TDY, in accordance with federal travel regulation.

TRANSPORTATION RECEIPT MUST BE SUBMITTED WITH ER. Acceptable receipts are CTO invoice, ticket receipt or copy of charge card bill.

Actual Dates: Enter actual TDY dates. For travel between 12 and 24 hours, enter times of departure and return.

Actual TDY Location: Enter actual TDY location(s). If local, enter location (ex: Crystal City) and 'Local Travel'.

Parking Fees: If claiming Parking Fees, traveler must include on RTA total miles driven.

Local Travel: When travelers claim 'Local Travel,' they must deduct home to work mileage, and include the following statement in Remarks: '**Home to Work Mileage Has Been Deducted.**' (See Corporate Travel Gram 05-1997).

Lodging Cost Incurred: The actual lodging cost(s) must be entered, and the lodging receipt(s) must be attached. (Lodging taxes within CONUS, AK, HI, and U.S. possessions or territories must be claimed as a separate expense but are reimbursable.)

Actual Reimbursable Expenses: List all expenses incurred. Receipts required for any single travel expense of \$75.00 or more.

Remarks: Enter any special authorization not previously approved; provide dates of any leave taken; indicate number and type (breakfast, lunch, dinner) of meals provided and dates. Phone calls must be itemized with dates and amount.

Traveler's Certification and Date: Your signature indicates that you have traveled as authorized, all claimed expenses are true and accurate, and payment/credit for claimed expenses has not been received. It also indicates that you have read and understand the Privacy Act Statement provided below. Falsification will cause forfeiture of this claim and may result in disciplinary action, fine, jail, and/or termination. If signing for another individual, you must have a valid Power of Attorney and it MUST be included when filing the Expense Report.

Approving Official Printed Name, Signature and Date: Required prior to submission for reimbursement. Reimbursement will not be made without this signature.

PRIVACY ACT STATEMENT

Authority: GNSA08, GNSA09; 5 USC, 37 USC 404-427, and EO 9397.

Principal Purpose(s): To substantiate authorization and claims for reimbursement for official travel. Used for reviewing, approving, accounting and disbursing for official travel. SSN is used to maintain a numerical identification system for individual claims.

Routine Use(s): See GNSA08 and GNSA09. See also Blanket Routine Uses.

Disclosure: Voluntary; however, failure to furnish information requested may delay/cancel proposed TDY, and/or result in total or partial denial of amount claimed.

DOCID: 3115050

ANY ACT STATEMENT. Information requested on this form is contained in 50 U.S.C. 402 note; 10 U.S.C. 1601-1616 and E.O. 12333. NSA's Blanket Routine Uses found at 58 Fed. Reg. 12531 (1993) and 58 Fed. Reg. 12532 (1993) found in GNSA08 apply to this information. Authority for requesting your SSN is E.O. 9397. Info you provide will be used (primarily) to determine if the relocation of the employee's place of residence is primarily incident to a change of station and whether employee is eligible for reimbursement of authorized moving expenses so related. Disclosure of requested info, including your SSN, is voluntary. However, failure to furnish requested info, other than your SSN, may affect the Agency's ability to determine your eligibility for and process reimbursement of authorized moving expenses incident to a change of station.

REQUEST FOR APPROVAL OF LOCAL AREA RESIDENCE CHANGE

		CHANGE OF STATION (from)		(to)	
TO		NAME (Last)		(First)	
MD2		SSN		PHONE	
		DISTANCE BETWEEN STATIONS		ORGANIZATION	
RESIDENCE ADDRESS	Present (old)	NUMBER AND STREET	CITY AND COUNTY	STATE AND ZIP CODE	
	Proposed (new)				
RESIDENCE			ONE-WAY MILEAGE	COMMUTING TIME	
PRESENT RESIDENCE (old)	A. TO YOUR NEW DUTY STATION		A.	A.	
	B. TO YOUR PRESENT DUTY STATION		B.	B.	
DIFFERENCE (A minus B)			→		
PROPOSED RESIDENCE (new)	C. TO YOUR NEW DUTY STATION		C.	C.	
	DIFFERENCE (A minus C)		→		

D. OTHER FACTORS JUSTIFYING PROPOSED RELOCATION OF RESIDENCE

E. NAMES OF DEPENDENTS (to include spouse)	RELATIONSHIP	DOB OF CHILDREN

F. DATE TRANSPORTATION AGREEMENT EXECUTED	EMPLOYEE SIGNATURE	DATE
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MD2 DETERMINATION

RELOCATION OF RESIDENCE IS DETERMINED TO BE PRIMARILY INCIDENT TO CHANGE OF STATION. PAYMENT OF ANY ALLOWANCES IS CONTINGENT UPON THE RECEIPT OF APPROPRIATE PCS ORDERS AND YOUR REPORTING FOR DUTY AT THE NEW DUTY STATION
RELOCATION OF RESIDENCE IS DETERMINED NOT TO BE PRIMARILY INCIDENT TO CHANGE OF STATION.

RECOMMENDING OFFICIAL (MD2)	(MD2)	DATE
APPROVING OFFICIAL (Chief, MD2)		DATE

IT SHOULD BE NOTED THAT CLAIMS FOR PAYMENT OF ANY ALLOWANCES OR REIMBURSEMENTS SUBMITTED PURSUANT TO THIS DETERMINATION MUST BE OTHERWISE PAYABLE, THIS DETERMINATION NOT WITHSTANDING.

REQUEST FOR DEVIATION/WAIVER (RFD/RFW)				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 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 IMB control number.</p> <p>PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. 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	
						3. DODAAC	
4. ORIGINATOR		b. ADDRESS (Street, City, State, Zip Code)				5. (X one)	
a. TYPED NAME (First, Middle Initial, Last)						<input type="checkbox"/> DEVIATION <input type="checkbox"/> WAIVER	
						6. (X one)	
						<input type="checkbox"/> MAJOR <input type="checkbox"/> MINOR <input type="checkbox"/> CRITICAL	
7. DESIGNATION FOR DEVIATION / WAIVER				8. BASELINE AFFECTED		9. OTHER SYSTEM/CONFIGURATION ITEMS AFFECTED	
a. MODEL/TYPE	b. CAGE CODE	c. SYS. DESIG	d. DEV/WAIVER NO.	<input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> PRODUCT	<input type="checkbox"/> ALLOCATED	<input type="checkbox"/> YES <input type="checkbox"/> NO	
10. TITLE OF DEVIATION/WAIVER							
11. CONTRACT NO. AND LINE ITEM				12. PROCURING CONTRACTING OFFICER			
				a. NAME (First, Middle Initial, Last)			
				b. CODE		c. TELEPHONE NO.	
13. CONFIGURATION ITEM NOMENCLATURE				14. CLASSIFICATION OF DEFECT			
				a. CD NO.		b. DEFECT NO.	
						c. DEFECT CLASSIFICATION	
						<input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> CRITICAL	
15. NAME OF LOWEST PART/ASSEMBLY AFFECTED				16. PART NO. OR TYPE DESIGNATION			
17. EFFECTIVITY				18. RECURRING DEVIATION/WAIVER			
				<input type="checkbox"/> YES <input type="checkbox"/> NO			
19. EFFECT ON COST/PRICE				20. EFFECT ON DELIVERY SCHEDULE			
21. EFFECT ON INTEGRATED LOGISTICS SUPPORT, INTERFACE OR SOFTWARE							
22. DESCRIPTION OF DEVIATION/WAIVER							
23. NEED FOR DEVIATION/WAIVER							
24. CORRECTIVE ACTION TAKEN							
25. SUBMITTING ACTIVITY							
a. TYPED NAME (First, Middle Initial, Last)		b. TITLE		c. SIGNATURE			
26. APPROVAL/DISAPPROVAL		a. RECOMMEND		APPROVAL		DISAPPROVAL	
b. APPROVAL		c. GOVERNMENT ACTIVITY					
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED							
d. TYPED NAME (First, Middle Initial, Last)		e. SIGNATURE				f. DATE SIGNED (YYYYMMDD)	
g. APPROVAL		h. GOVERNMENT ACTIVITY					
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED							
i. TYPED NAME (First, Middle Initial, Last)		j. SIGNATURE				k. DATE SIGNED (YYYYMMDD)	

SECURITY CLASSIFICATION

PRIVACY ACT STATEMENT: Auth: P.L. 88-290, E.O.s 9397, 10865, 12333, & 12958; System of Records: GNSA10. Info will be used for investigative and eval purposes to consider suitability for Permanent Change of Station assignment in support of an NSA contract. Routine Uses: May be disseminated to government agencies and private contractors as required for clearance and national security investigations and determinations, and related litigation. Discl of info and SSN: Voluntary. Failure to provide info may result in inability of NSA to make determination of eligibility for PCS assignment. Your signature below * indicates you have read and understand the above.

**REQUEST FOR FIELD ASSIGNMENT OR
EXTENSION OF PRESENT TOUR (Contractor)**

FROM	*SIGNATURE
------	------------

NAME

SSN	COMPANY	NSA SPONSORING ORGANIZATION
-----	---------	-----------------------------

1. PLEASE INITIATE SECURITY PROCESSING FOR THE ABOVE NAMED INDIVIDUAL FOR THE ACTION CHECKED BELOW:

<input type="checkbox"/>	PCS OVERSEAS ASSIGNMENT	ON OR ABOUT (Date)	LOCATION
<input type="checkbox"/>	EXTENSION OF PRESENT TOUR	DATE	
		INDIVIDUAL ARRIVED PRESENT TOUR ENDS	

2 YOUR COMMENTS ARE REQUESTED NLT

3. PRESENT ADDRESS

4. AVAILABILITY FOR PROCESSING

5. LAST SSBI DATE

IF OVER 4-1/2 YEARS OLD, DATE REINVESTIGATION INITIATED

6. REMARKS

COMMENT NO. 2

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

REMARKS

FOR P4660A REIN NOV 98
NSN 7540-FM-001-5174

SECURITY CLASSIFICATION

cc: COR

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

REQUEST FOR RECORDS DISPOSITION AUTHORITY <i>(See Instructions on reverse)</i>		LEAVE BLANK (NARA use only)	
TO: NATIONAL ARCHIVES and RECORDS ADMINISTRATION (NIR) WASHINGTON, DC 20408		JOB NUMBER	
1. FROM (Agency or establishment)		DATE RECEIVED	
2. MAJOR SUBDIVISION		NOTIFICATION TO AGENCY	
3. MINOR SUBDIVISION		In accordance with the provisions of 44 U.S.C. 3303a the disposition request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10.	
4. NAME OF PERSON WITH WHOM TO CONFER	5. TELEPHONE	DATE	ARCHIVIST OF THE UNITED STATES
6. AGENCY CERTIFICATION I hereby certify that I am authorized to act for this agency in matters pertaining to the disposition of its records and that the records proposed for disposal on the attached _____ page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified; and that written concurrence from the General Accounting Office, under the provisions of Title 8 of the GAO Manual for Guidance of Federal Agencies,			
<div style="display: flex; justify-content: space-around; align-items: center;"> <div><input type="checkbox"/> is not required;</div> <div><input type="checkbox"/> is attached; or</div> <div><input type="checkbox"/> has been requested</div> </div>			
DATE	SIGNATURE OF AGENCY REPRESENTATIVE	TITLE	
7. ITEM NO.	8. DESCRIPTION OF ITEM AND PROPOSED DISPOSITION	9. GRS OR SUPERSEDED JOB CITATION	10. ACTION TAKEN (NARA USE ONLY)

INSTRUCTIONS

GENERAL

Use Standard Form 115 to obtain authority for the disposition of records. Submit two signed copies to the National Archives and Records Administration (NARA), Washington, DC 20408, and retain one copy as your suspense copy. NARA will later return one copy as notification of the items approved for disposal or archival (permanent) retention. This copy will also indicate any items withdrawn or disapproved. GAO's written approval must either accompany each SF 115 requiring Comptroller General concurrence or be requested prior to the submission of the SF 115 to NARA. The SF 115 may be accompanied by Standard Form 115A, Continuation Sheet, by schedule items entered on blank stationery formatted similar to the SF 115A, or by pages formatted to conform to the agency's published records disposition schedule.

SPECIFIC

Entry 1 should show the name of the Executive Branch department or independent agency, Legislative Branch agency, or the Administrative Office of the U.S. Courts for the Judicial Branch that is submitting the request.

Entries 2 and 3 should show the major and minor organizational subdivisions that create or maintain the records described on the form. If more than one subdivision maintains records described in the submission, the various office names should be specified in entry 8.

Entries 4 and 5 should provide the name and telephone number of the person to be contacted for information.

Entry 6 must be signed and dated by the agency official authorized to certify that the retention periods for records proposed for disposal are adequate to meet the agency's needs, and that GAO requirements have been met (check appropriate box). Unsigned SFs 115 will be returned to the agency.

Entry 7 should contain the item numbers of the records identified on the form in sequence, beginning with "1". Lower case letters and numbers may be used to designate subdivisions of an item (1a, 1b, 1b(1), 1b(2), etc.). Agency file numbers should not be entered in this column, but may be included in entry 8.

Entry 8 should describe the records to be scheduled. Follow these steps in describing the records:

(a) Include centered headings for groups of items to indicate the office of origin if all records described on the form are not those of the same office, or if they are records created by another office or agency such as, for example, records inherited from a defunct agency.

(b) Identify separate collections of nontextual records, such as photographs, sound records, maps architectural drawings, or magnetic tapes or disks, as separate and distinct items. If such records are interspersed with textual records, as in case files, their presence should be noted in the description of the textual file.

(c) Describe completely and accurately each series of records proposed for disposal or transfer to the National Archives. See 36 CFR 1228 for more detailed requirements. Failure to comply with the provisions of that regulation will result in the return of the SF 115 for corrective action.

(d) Provide clear disposition instructions for each item and subitem. These instructions should include file breaks; the time after which records will be retired to Federal records centers, if applicable; for temporary records, the time after which they may be destroyed; and for archival (permanent) records, the time after which they will be transferred to the legal custody of the National Archives.

(e) If immediate disposal or transfer to the National Archives is proposed for non-recurring records, indicate the volume and inclusive dates of the records and the Federal records center accession and box numbers, if applicable.

(f) If future or continuing disposition authority is requested, state the retention period in terms of years, months, etc. or in terms of future actions or events. Ensure that any future action or event that must precede final disposition is objective and definite.

(g) If records are converted to electronic form, schedule both the original records and the electronic media, unless covered by the General Records Schedules.

(h) If permanent or unscheduled records are converted to microform, the disposition for both the original and microform copies must be approved on an SF 115. The SF 115 covering the microform must contain the certifications required by 36 CFR 1230. Approval is not required for the disposition of microform copies of records authorized for disposal, as specified in the regulation cited above.

Entry 9 must include the previous NARA disposition job and item numbers; General Records Schedule and item numbers, if applicable; and agency directive or manual and item numbers, if applicable, as required by 36 CFR 1228. If such information is missing from column 9, the SF 115 will be returned without action. Leave column 9 blank only if the records are being scheduled for the first time.

Entry 10 is for NARA use only and should be left blank.

REQUEST FOR RECORDS DISPOSITION AUTHORITY - CONTINUATION		JOB NUMBER	PAGE OF
7. ITEM NO.	8. DESCRIPTION OF ITEM AND PROPOSED DISPOSITION	9. GRS OR SUPERSEDED JOB CITATION	10. ACTION TAKEN (NARA USE ONLY)

REQUEST FOR:

☐ Videotaping Support☐ Broadcast SupportSubmit 6 copies of completed form (due 10 days prior to Program Date) to: **E22****2B4118****Central Conference Complex**

FOR E22 USE ONLY

PROGRAM DATE	PROGRAM TIME	ATVC # ASSIGNED
VIDEO DIRECTOR/VISUALSUPPORT		RUNNING TIME
CUSTOMER RECEIVED		SENT TO MTC
VHS	SVHS	BETA
VHS	SVHS	BETA

PRESENTATION DATA

TITLE (<u>DO NOT</u> provide a classified title)		OVERALL CLASSIFICATION LEVEL	
		<input type="checkbox"/> UNCL	<input type="checkbox"/> SECRET
		<input type="checkbox"/> CONF	<input type="checkbox"/> TOP SECRET
		<input type="checkbox"/> CODEWORD	<input type="checkbox"/> FOUO
		<input type="checkbox"/> COMPARTMENTED	
DATE OF PROGRAM	TIME	POINT OF CONTACT	ORG
		PHONE	

BROADCAST / AUDIO-VISUAL SUPPORT REQUIREMENTS

REMOTE BROADCASTING	CHECK APPLICABLE BLOCK(s)	<input type="checkbox"/> FANX II
<input type="checkbox"/> NEWSMAGAZINE	<input type="checkbox"/> ROUTER CONNECTIVITY	<input type="checkbox"/> GIGSTER/SDLN TO: <input type="checkbox"/> FIELD SITE(s)
35mm SLIDES (Single Projection ONLY!) "CONSUMER SELF-SUPPORTED"		
VUGRAPHS "CONSUMER SELF-SUPPORTED"	CHECK APPLICABLE BLOCK	<input type="checkbox"/> FROM PROJECTION BOOTH <input type="checkbox"/> FROM FRONT FLOOR LEVEL
VIDEOSHOW 180		
VIDEO TAPE SHOWN FROM PROJECTION BOOTH	CHECK APPLICABLE BLOCK	<input type="checkbox"/> VHS (1/2") <input type="checkbox"/> UMATC (3/4")
PANEL DISCUSSION (A maximum of six (6) seated participants may appear on stage. Provide EXACT names of ALL participants)	NUMBER OF SEATED PARTICIPANTS TO APPEAR ON STAGE →	
PARTICIPANTS		
OTHER (Be specific)		
DIRECTORATE / SENIOR LEADERSHIP TEAM PARTICIPATION (Specify)		
NO REQUIREMENTS		

READ AND INITIAL THE BELOW STATEMENTS

INITIALS

- I acknowledge receipt of Form P7321, "PUBLICATION / VIDEO CONSENT RECORD", accompanying this form.
- I understand it is my responsibility to self support my own visuals (35mm slide and vugraphs only).
- I understand it is my responsibility to precede all briefs being video taped in Friedman Auditorium with an announcement to the audience, "THIS PROGRAM IS BEING VIDEO TAPED."
- I understand the E2 Multimedia Services organization may use the master videotape to rebroadcast this program at a later date to Agency employees.

I understand I shall receive the original recording of the completed documentation video tape. As the requester, it is my responsibility to obtain authorization/approval from the participants for video taping and to coordinate any editing, duplication, further modification, or placement of this video tape into the NCS video library system with the National Cryptologic School Television Center, E22, FANX II, Room A2A035, 968-7191s/ (410) 859-6629b.

PRINTED NAME	SIGNATURE	ORG	PHONE	TODAY'S DATE
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ACCEPTANCE

The recording of this documentation video tape has been completed and accepted. I understand that release of this video tape, external to NSA, requires prior approval of N513, Room 2B8106, 963-5825s/(301) 688-6527b.

PRINTED NAME	SIGNATURE	ORG	PHONE	DATE RECEIVED
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SECURITY CLASSIFICATION (if any)

REQUEST TO HOLD A PRIVATE ORGANIZATION SPECIAL ACTIVITY OR FUND-RAISING ACTIVITY ON AGENCY PROPERTY

INSTRUCTIONS

Complete top part of this form. Be sure to request approval of your event at least two weeks prior to the date of the event to allow for coordination of approval. Submit form electronically to 'service@nsa' or in hard copy to L03, OPS1, 1W070, Suite 6445, 963-7371s/(301) 688-7371b.

FORM MUST BE POSTED AT THE FUND-RAISING ACTIVITY.

NOTE: If your organization is selling food products, you **MUST** adhere to the proper food handling instructions found in the Fund Raiser Guidelines.

NAME OF PRIVATE ORGANIZATION	PROJECTED DATE(s) OF ACTIVITY	PROJECTED TIME(s) OF ACTIVITY
------------------------------	-------------------------------	-------------------------------

NATURE OF ACTIVITY (if sale, what will be sold)

PURPOSE OF ACTIVITY (if sale, what will be done with proceeds)

POINT OF CONTACT (Last) (First) (MI) SID PHONE NO. (Secure) (Non-Secure - Include Area Code)

"X"	PROJECTED LOCATION OF ACTIVITY	BUILDING MANAGEMENT'S APPROVAL/DATE	"X"	PROJECTED LOCATION OF ACTIVITY	BUILDING MANAGEMENT'S APPROVAL/DATE
	HQS (Lobby <u>after</u> Confirm)			FANX 1 (Lobby <u>before</u> Confirm)	
	OPS 1 GH #2 (Lobby <u>after</u> Confirm)			FANX 2 (Lobby <u>next</u> to Confirm)	
	OPS 1 GH #4 (Near TFCU)			FANX 3 CWF Space (Lobby <u>before</u> Confirm)	
	OPS 1 North Cafeteria Party Rooms			SAB 4 Lobby	
	OPS 1 CWF Space (Lobby <u>outside</u> cafeteria)			R&E (20' <u>past</u> Confirm)	
	OPS 2A CWF Space (VCC/Stairwell)			R&E CWF Space (Lobby <u>outside</u> cafeteria)	
	OPS 3 (Front Lobby)			Friedman Auditorium (Auctions <u>ONLY</u>)	
	NBP (Lobby <u>outside</u> cafeteria)			Colony 6/7 Areas (Auctions <u>ONLY</u>)	

PRIVATE ORGANIZATION LIAISON OFFICER	DATE	ME3, ENVIRONMENTAL COMPLIANCE	DATE
Q121. SECURITY		ME2, OCCUPATIONAL RISK MANAGEMENT	

COMMENTS

LIAISON OFFICER USE ONLY

DATE RECEIVED	SCHEDULED ON CALENDAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	AUTHORIZED P.O.? <input type="checkbox"/> YES <input type="checkbox"/> NO	ORIGINAL RETURNED TO POC? <input type="checkbox"/> YES <input type="checkbox"/> NO
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FORM P6744 REV APR 2002 (Supersedes P6744 REV DEC 2000 which is obsolete)

SECURITY CLASSIFICATION (if any)

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

REQUISITION AND INVOICE/SHIPPING DOCUMENT

Form Approved
OMB No. 0704-0246
Expires Dec 13, 1996

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 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 (0704-0246), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN COMPLETED FORM TO THE ADDRESS IN ITEM 2

1. FROM (Include ZIP Code)				SHEET NO. 1		NO. OF SHEETS		5. REQUISITION DATE		6. REQUISITION NUMBER												
				7. DATE MATERIAL REQUIRED (YYMMDD)				8. PRIORITY														
2. TO: (Include ZIP Code)				9. AUTHORITY OR PURPOSE																		
				10. SIGNATURE				11a. VOUCHER NO. & DATE (YYMMDD)														
3. SHIP TO - MARK FOR				12. DATE SHIPPED (YYMMDD)				b														
				13. MODE OF SHIPMENT				14. BILL OF LADING NUMBER														
				15. AIR MOVEMENT DESIGNATOR OR PORT REFERENCE NO.																		
4. APPROPRIATIONS SYMBOL AND SUBHEAD				OBJECT CLASS		EXPENDITURE ACCOUNT (From)		EXPENDITURE ACCOUNT (To)		CHARGEABLE ACTIVITY		BUREAU CONTROL ACTIVITY NO.		BUREAU CONTROL NO.		AMOUNT						
ITEM NO.		FEDERAL STOCK NUMBER, DESCRIPTION, AND CODING OF MATERIEL AND/OR SERVICES (b)						UNIT OF ISSUE (c)		QUANTITY REQUESTED (d)		SUPPLY ACTION (e)		TYPE CONTAINER (f)		CON-TAINER NOS (g)		UNIT PRICE (h)		TOTAL COST (i)		
(a)																						
16. TRANSPORTATION VIA MATS OR MSTs CHARGEABLE TO										17. SPECIAL HANDLING												
18 RECEIPT PLACEMENT ON	ISSUED BY		Total Containers		Type Container		DESCRIPTION				TOTAL WEIGHT		TOTAL CUBE		19. CONTAINERS RECEIVED EXCEPT AS NOTED		DATE (YYMMDD)		BY		SHEET TOTAL	
	CHECKED BY														20. QUANTITIES RECEIVED EXCEPT AS NOTED		DATE (YYMMDD)		BY		GRAND TOTAL	
	PACKED BY														POSTED		DATE (YYMMDD)		BY		20. RECEIVER'S VOUCHER NO.	
← TOTAL →																						

REQUISITION AND INVOICE / SHIPPING DOCUMENT(Continuation Sheet)								Form Approved OMB No. 0704-0246 Expires Dec 13, 1996			
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 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 (0704-0246), Washington, DC 20503.											
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN COMPLETED FORM TO THE ADDRESS IN ITEM 2 OF DD FORM 1149											
SHEET NO.		NO OF SHEETS		6 REQUISITION NUMBER			11 a. VOUCHER NUMBER AND DATE			b. VOUCHER NUMBER AND DATE	
ITEM NO. (a)	FEDERAL STOCK NUMBER, DESCRIPTION, AND CODING OF MATERIEL AND/OR SERVICES (b)			UNIT OF ISSUE (c)	QUANTITY REQUESTED (d)	SUPPLY ACTION (e)	TYPE CONTAINER (f)	CONTAINER NOS. (g)	UNIT PRICE (h)	TOTAL COST (i)	
									SHEET TOTAL		

REQUISITION AND INVOICE / SHIPPING DOCUMENT(Continuation Sheet)								Form Approved OMB No. 0704-0246 Expires Dec 13, 1996			
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 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 (0704-0246), Washington, DC 20503											
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES. RETURN COMPLETED FORM TO THE ADDRESS IN ITEM 2 OF DD FORM 1149											
SHEET NO		NO. OF SHEETS		6. REQUISITION NUMBER			11.a. VOUCHER NUMBER AND DATE			b. VOUCHER NUMBER AND DATE	
ITEM NO. (a)	FEDERAL STOCK NUMBER, DESCRIPTION, AND CODING OF MATERIEL AND/OR SERVICES (b)				UNIT OF ISSUE (c)	QUANTITY REQUESTED (d)	SUPPLY ACTION (e)	TYPE CON-TAINER (f)	CON-TAINER NOS. (g)	UNIT PRICE (h)	TOTAL COST (i)
										SHEET TOTAL	

RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE**PLEASE PRINT!!**

(Reference: Appendix C to Sec. 1910.134: OSHA Respirator Medical Evaluation Questionnaire (Mandatory))

Privacy Act Statement: Authority for collecting information requested on this form is contained in 50 U.S.C. Section 402 note and 5 U.S.C. Section 7901. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) as well as the specific uses found in GNSA06 apply to this information. The Agency is required to collect the requested information by the Occupational Safety & Health Administration (OSHA) for any employee selected to use any type of respirator. Failure to furnish the requested information may preclude your participation in, or may result in your removal from the Respirator Protection Program.

To the Employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do **NOT** require a medical examination.

To the Employee: Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Can you read?
☐ YES ☐ NO

SECTION 1

The following information **MUST** be provided by every employee who has been selected to use **ANY** type of respirator.

NAME (Last)		(First)		(MI)	DATE (YYYYMMDD)
AGE (to nearest year)	SEX	HEIGHT		WEIGHT	JOB TITLE
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	ft.	in.	lbs.	
PHONE NUMBER WHERE YOU CAN BE REACHED (include Area Code)		BEST TIME TO BE REACHED		HAS YOUR EMPLOYER TOLD YOU HOW TO CONTACT THE HEALTH CARE PROFESSIONAL WHO WILL REVIEW THIS QUESTIONNAIRE?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	

CHECK ALL APPLICABLE RESPIRATORS YOU WILL USE

- ☐ N, R, or P DISPOSABLE RESPIRATOR (filter-mask, non-cartridge type only)
- ☐ OTHER TYPE (e.g., half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus)

HAVE YOU WORN A RESPIRATOR? (If "YES", what type(s))

☐ YES ☐ NO

SECTION 2 - PART A (Mandatory)

Questions 1-9 **MUST** be answered by every employee who has been selected to use **ANY** type of respirator.

	YES	NO		YES	NO
1. Do you currently smoke tobacco, or have you smoked tobacco in the last month?			4. Do you currently have any of the following symptoms of pulmonary or lung illness?		
2. Have you ever had any of the following conditions?			a. Shortness of breath		
a. Seizures (fits)			b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline		
b. Diabetes (sugar disease)			c. Shortness of breath when walking with other people at an ordinary pace on level ground		
c. Allergic reactions that interfere with your breathing			d. Have to stop for breath when walking at your own pace on level ground		
d. Claustrophobia (fear of closed-in places)			e. Shortness of breath when washing or dressing yourself		
e. Trouble smelling odors			f. Shortness of breath that interferes with your job		
3. Have you ever had any of the following pulmonary or lung problems?			g. Coughing that produces phlegm (thick sputum)		
a. Asbestosis			h. Coughing that wakes you early in the morning		
b. Asthma			i. Coughing that occurs mostly when you are lying down		
c. Chronic bronchitis			j. Coughing up blood in the last month		
d. Emphysema			k. Wheezing		
e. Pneumonia			l. Wheezing that interferes with your job		
f. Tuberculosis			m. Chest pain when you breathe deeply		
g. Silicosis			n. Any other symptoms that you think may be related to lung problems		
h. Pneumothorax (collapsed lung)					
i. Lung cancer					
j. Broken ribs					
k. Any chest injuries or surgeries					
l. Any other lung problem that you've been told about					

SECURITY CLASSIFICATION (if any)

SECTION 2 - PART A (Continued)Questions 1-9 **MUST** be answered by every employee who has been selected to use **ANY** type of respirator.

	YES	NO		YES	NO
5. Have you ever had any of the following cardiovascular or heart problems?			7. Do you currently take medication for any of the following problems?		
a. Heart attack			a. Breathing or lung problems		
b. Stroke			b. Heart trouble		
c. Angina			c. Blood pressure		
d. Heart failure			d. Seizures (fits)		
e. Swelling in the legs or feet (not caused by walking)			8. If you've used a respirator, have you ever had any of the following problems?		
f. Heart arrhythmia (heart beating irregularly)			<input type="checkbox"/> (Check this box if you have never used a respirator, then immediately proceed to question 9)		
g. High blood pressure			a. Eye irritation		
h. Any other heart problem that you've been told about			b. Skin allergies or rashes		
6. Have you ever had any of the following cardiovascular or heart symptoms?			c. Anxiety		
a. Frequent pain or tightness in your chest			d. General weakness or fatigue		
b. Pain or tightness in your chest during physical activity			e. Any other problem that interferes with your use of a respirator		
c. Pain or tightness in your chest that interferes with your job			9. Would you like to talk to the health care professional who will review your answers to this questionnaire?		
d. In the past two years, have you noticed your heart skipping or missing a beat					
e. Heartburn or indigestion that is not related to eating					
f. Any other symptoms that you think may be related to heart or circulation problems					

Questions 10-15 **MUST** be answered by every employee who has been selected to use **EITHER** a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use **OTHER TYPES** of respirators, answering these questions is voluntary.

	YES	NO		YES	NO
10. Have you ever lost vision in either eye (temporarily or permanently)?			15. Do you currently have any of the following musculoskeletal problems?		
11. Do you currently have any of the following vision problems?			a. Weakness in any of your arms, hands, legs, or feet		
a. Wear contact lenses			b. Back pain		
b. Wear glasses			c. Difficulty fully moving your arms and legs		
c. Color blind			d. Pain or stiffness when you lean forward or backward at the waist		
d. Any other eye or vision problem			e. Difficulty fully moving your head up or down		
12. Have you ever had an injury to your ears, including a broken ear drum?			f. Difficulty fully moving your head side to side		
13. Do you currently have any of the following hearing problems?			g. Difficulty bending at your knees		
a. Difficulty hearing			h. Difficulty squatting to the ground		
b. Wear a hearing aid			i. Climbing a flight of stairs or a ladder carrying more than 25 lbs.		
c. Any other hearing or ear problem			j. Any other muscle or skeletal problem that interferes with using a respirator		
14. Have you ever had a back injury?					

SECTION 2 - PART B (Voluntary)

At the discretion of the health care professional reviewing the questionnaire, it **MAY** be requested the following questions be answered.

	YES	NO		YES	NO
1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen?			2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals? (If "YES", name the chemicals, if known)		
If "YES", do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions?					

SECTION 2 - PART B (Continued)

At the discretion of the health care professional reviewing the questionnaire, it **MAY** be requested the following questions be answered.

3. Have you ever worked with any of the materials, or under any of the conditions, listed below?		YES	NO	12. During the period you are using the respirator(s), is your work effort:	a. LIGHT (less than 200 kcal per hour) (Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.)	<input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", how long does this period last during the average		hrs	mins																				
a. Asbestos																													
b. Silica (e.g., in sandblasting)																													
c. Tungsten/cobalt (e.g., grinding or welding this material)																													
d. Beryllium																													
e. Aluminum																													
f. Coal (e.g., mining)																													
g. Iron																													
h. Tin																													
i. Dusty environment																													
j. Any other hazardous exposures (if "YES", describe)																													
4. List any second jobs or side businesses you currently have:					b. MODERATE (200 to 350 kcal per hour) (Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 1 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.)	<input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", how long does this period last during the average		hrs	mins																				
5. List previous occupations:					c. HEAVY (above 350 kcal per hour) (Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling ; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.))	<input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", how long does this period last during the average		hrs	mins																				
6. List current and previous hobbies:					13. Will you be wearing protective clothing and/or equipment (other than the respirator) when using your respirator?					YES	NO																		
					If "YES", describe this protective clothing and/or equipment																								
					14. Will you be working under hot conditions (temperature exceeding 77 deg. F)?					YES	NO																		
					15. Will you be working under humid conditions?					YES	NO																		
7. Have you been in the military services?				YES	NO	16. Describe the work you will be doing while using respirator(s)																							
If "YES", were you exposed to biological or chemical agents (either in training or combat)?																													
8. Have you ever worked on a HAZMAT team?						17. Describe any special or hazardous conditions you might encounter when using respirator(s) (e.g., confined spaces, life-threatening gases)																							
9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications)?						18. Provide information (if known) for each toxic substance you will be exposed to when using respirator:																							
If "YES", name the medications if known						<table border="1"> <thead> <tr> <th rowspan="2">TOXIC SUBSTANCE NAME</th> <th colspan="2">EXPOSURE PER SHIFT</th> </tr> <tr> <th>EST. MAX. LEVEL</th> <th>DURATION</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> </tr> <tr> <td colspan="3">Other Toxic Substances (Provide name only)</td> </tr> </tbody> </table>					TOXIC SUBSTANCE NAME	EXPOSURE PER SHIFT		EST. MAX. LEVEL	DURATION	1.			2.			3.			Other Toxic Substances (Provide name only)				
TOXIC SUBSTANCE NAME	EXPOSURE PER SHIFT																												
	EST. MAX. LEVEL	DURATION																											
1.																													
2.																													
3.																													
Other Toxic Substances (Provide name only)																													
10. Will you be using any of the following items with your respirator(s)?				YES	NO	19. Describe any special responsibilities you will have while using respirator(s) that may affect the safety and well-being of others (e.g., rescue, security):																							
a. HEPA filters																													
b. Canisters (e.g., gas masks)																													
c. Cartridges																													
11. How often are you expected to use the respirator(s)?																													
a. Escape only (no rescue)																													
b. Emergency rescue only																													
c. Less than 5 hours per week																													
d. Less than 2 hours per day																													
e. 2 to 4 hours per day																													
f. Over 4 hours per day																													

SECURITY CLASSIFICATION

RESTORATION OF FORFEITED ANNUAL LEAVE REQUEST
(Ref: PMM Chapter 363.2-8, "Leave")

PRIVACY ACT STATEMENT: Auth for collecting info requested on this form is contained in 50 U.S.C. 402 note; 5 U.S.C. 6304; and EO 12333. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA08, GNSA09 and GNSA11 apply to this info. Auth for requesting your SSN is EO 9397. Info you provide will be used to verify hours of leave and document reason for forfeited leave. 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 restoration of annual leave. If you decline to provide your SSN, there may be a delay in processing your request for restoration of annual leave.

TO MD1 IPA		THRU:	
EMPLOYEE NAME (Last)	(First)	(MI)	SSN
			ORG

EMPLOYEE STATEMENT

NUMBER OF HOURS FORFEITED	REASON(S) LEAVE WAS DENIED / CANCELLED
NUMBER OF HOURS OF SCHEDULED ANNUAL LEAVE THAT WAS DENIED	
EMPLOYEE SIGNATURE	DATE

SUPERVISORY STATEMENT

REASON(S) LEAVE WAS DENIED / CANCELLED		
RECOMMEND <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval	SUPERVISOR'S SIGNATURE	DATE

GROUP CHIEF STATEMENT

DOCUMENT NATURE OF EXIGENCY (Verify that the exigency was of such magnitude that employees could not be excused from duty)

RECOMMEND <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval	GROUP CHIEF SIGNATURE	DATE
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MD1 IPA REVIEW

FORFEITED HOURS VERIFIED	SIGNATURE	DATE
--------------------------	-----------	------

MD1 IPA DECISION

<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval	NUMBER OF HOURS APPROVED FOR RESTORATION
CHIEF, MD1 IPA SIGNATURE	DATE

SECURITY CLASSIFICATION (if any)

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

RETIRED RECORDS IDENTIFICATION**GENERAL INFORMATION**

1. For assistance, contact the NSA/CSS Records Center (NCRC) on 972-2295s or (301) 688-5295b or visit our Website at <http://urn.www.nsa/records-management>
2. For Shipment and Box numbers contact the NCRC **PRIOR TO MAILING** boxes.
3. Records Disposition Schedule Number (RDS) **must** appear on form. For assistance, see Website at <http://urn.www.nsa/records-management>.
4. Legal ownership and access of records is controlled by the OPI (Office of Primary Interest) while maintained in the NCRC.

SHIPMENT NUMBER (Obtain from NCRC)		BOX NUMBER(S) (Obtain from NCRC)		TOTAL NO. OF BOXES	DATE RECEIVED (NCRC USE ONLY)
ORGANIZATION	HIGHEST CLASSIFICATION OF RECORDS			DATE OF MATERIAL (DD-MMM-YYYY) (From) (To)	
RDS NO.	CHECK ONE ONLY AND PROVIDE DATE MATERIAL TO BE REVIEWED / DESTROYED AS IN ACCORDANCE WITH THE RDS				
	<input type="checkbox"/> DESTROY ON: (DD-MMM-YYYY)	<input type="checkbox"/> REVIEW ON: (DD-MMM-YYYY)	<input type="checkbox"/> PERMANENT RETENTION (Review for Transfer to NSA/CSS Archives on:) (DD-MMM-YYYY)		
PCS RDS NO. 330-13A	<input type="checkbox"/> PCS (Review in 5 years)	RETURN DATE (DD-MMM-YYYY)	ALTERNATE POC	SECURE PHONE	

CONTENTS

(Describe the material, listing title, description, and any other information which will identify these records)

I certify that these records are being sent in accordance with the appropriate Records Disposition Schedule. I understand it is my responsibility to notify the NCRC of any changes required to POC, Org., Phone, etc.

TYPED OR PRINTED NAME	SIGNATURE	DATE (DD-MMM-YYYY)	PHONE	SUITE NUMBER
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FORM O2295 REV OCT 2001 (Supersedes O2295 REV JUL 2001 which is obsolete)

SECURITY CLASSIFICATION (if any)

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

SERIAL:

1 THIS RESPONDS TO YOUR MEMORANDUM(S) DATED		CONCERNING A REQUEST FROM	
2. YOUR MEMORANDUM(S) FORWARDED FOR REVIEW:			
DOCUMENT(S) ORIGINATED BY NSA/CSS		DOCUMENT(S) NOT ORIGINATED BY NSA/CSS BUT CONTAINING NSA/CSS INFORMATION	
3. APPROPRIATE DELETIONS ARE INDICATED PURSUANT TO THE EXEMPTIONS CHECKED BELOW. THE REMAINING NSA/CSS INFORMATION MAY BE RELEASED TO THE REQUESTER.			
4. THE INFORMATION IS PROTECTED FROM DISCLOSURE PURSUANT TO THE EXEMPTIONS CHECKED BELOW.			
5. 5 U.S.C. 552 (b) (1) - THE INFORMATION IS PROPERLY CLASSIFIED IN ACCORDANCE WITH THE CRITERIA FOR CLASSIFICATION IN SECTION 1.5 OF EXECUTIVE ORDER 12958.			
6. 5 U.S.C. 552 (b) (3) - THE SPECIFIC STATUTE(S) IS/ARE LISTED BELOW.			
50 U.S.C. 402 NOTE (Public Law 86-36, Section 6)		50 U.S.C. 403-3 (c) (5)	
7. 5 U.S.C. 552 (b) (5)		18 U.S.C. 798	
8. 5 U.S.C. 552 (b) (7) (C)		5 U.S.C. 552 (b) (6)	
9. THE DISCLOSURE THAT THE INFORMATION CONTAINED IN YOUR RECORD(S) IS THE RESULT OF SENSITIVE COMPARTMENTED INFORMATION REQUIRES ADDITIONAL SPECIAL PROTECTION AND HANDLING PROCEDURES. PLEASE ENSURE THAT, IN ALL INSTANCES WHERE THE INFORMATION IN YOUR RECORD(S) IS ASSOCIATED WITH, THIS AGENCY AS THE ORIGINATOR, OR IN ANY OTHER WAY REVEALS SENSITIVE COMPARTMENTED INFORMATION AS THE SOURCE, THE RECORD(S) AND ALL OTHER SUCH INDICATIVE RECORDS IS/ARE AFFORDED THE APPROPRIATE PROTECTION.		5 U.S.C. 552 (b) (7) (D)	
10. WE DO NOT WISH TO BE PUBLICLY REVEALED AS THE ORIGINATOR OF THE INFORMATION CONTAINED IN THE RECORD(S) AS THIS IDENTIFICATION IN ITSELF MAY BE A DISCLOSURE OF CLASSIFIED INFORMATION.			
11. THE CLASSIFICATION OF CERTAIN INFORMATION IN THE ENCLOSED RECORD(S) HAS BEEN CHANGED. PLEASE MARK ALL COPIES ACCORDINGLY.			
12. THE INITIAL DENIAL AUTHORITY FOR NSA INFORMATION IS THE DEPUTY DIRECTOR OF POLICY. THE REQUESTER MAY APPEAL THE 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 20755-6000. 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.			
13. SEE ATTACHED FOR ADDITIONAL COMMENTS			
14. IF YOU HAVE ANY QUESTIONS OR COMMENTS PLEASE CALL:			PHONE (301) 688-6527

Sincerely,

RIDE MATCH APPLICATION

Return completed form to:
S731, Commuter and Motor Fleet Services
Ops 2A, VCC-101 (Ft. Meade) A

P.A.S. Auth: PL 86-36; 41 CFR 101-20.104; GSNA 07. Auth req SSN: E.O. 9397. Info will be used (prin) to assist civ. employees, mil pers., and contractor employees in ridesharing through car and van pools. (routinely) Info may be disseminated to commercial or private transportation entities when indiv has indicated a desire to use or join multiple-user transportation. Info may also be provided to contractor employees in accordance with purpose stated above. Disc of info and SSN: Vol. Effect on indiv if info not provided: May not be able to assist indiv effectively in ridesharing. Not providing SSN may delay application processing. Your signature below " indicates you have read and understand the above.

ALL Information MUST Be Provided For Application To Be Processed

[illegible]

FORM P5221B REV SEP 96 (Supersedes P5221B REV AUG 92 which is obsolete)
NSN 7540-FM-001-3601

Actual size of Form = 8" x 4". Please cut to appropriate size before submitting to S731, Commuter and Motor Fleet Services.

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

ROUTING AND TRANSMITTAL SLIP			Date
TO: (Name, office symbol, room number, building, Agency/Post)	Initials	Date	
1.			
2.			
3.			
4.			
5.			
Action	File	Note and Return	
Approval	For Clearance	Per Conversation	
As Requested	For Correction	Prepare Reply	
Circulate	For Your Information	See Me	
Comment	Investigate	Signature	
Coordination	Justify		
REMARKS			
DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions			
FROM: (Name, org. symbol, Agency/Post)		Room No.-Bldg.	
		Phone No.	
5041-102		OPTIONAL FORM 41 (Rev. 7-76) Prescribed by GSA FPMR (41 CFR) 101-11.206	

FORM P4706 REV SEP 97 (Supersedes P4706 REV APR 97 which is obsolete)
NSN: 7540-FM-001-3285

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

SECURITY CLASSIFICATION (if any)

REQUESTED COMPLETION DATE

RUBBER STAMP REQUEST

REQUESTER		ORG.	DATE
BUILDING	ROOM AND SUITE NUMBER	SIO	PHONE (Secure/Non-Secure)

GENERAL INFORMATION
Read ALL instructions carefully!!

- To order rubber stamps which are cover term, sensitive and classified and are not kept in the Agency stock system, fill in the information below for **EACH different** stamp requested. (Reference: NSA/CSS Regulation No. 10-13)
- Rubber stamps listed in the Annex C of NSA/CSS Regulation on 10-13 **cannot** be provided by Y193. These stamps must be obtained by ordering through the Agency stock system on Form J3353, Supply/Furniture Order Request.
- Per NSA/CSS Regulation No. 10-13, forward this form through your element Classification Advisory Officer for validation of stamp classification.
- *Red handles are for classified stamps ONLY.

	STAMP TEXT	QTY	TYPE		CLASSIFICATION	HANDLE	
			SIZE	STYLE		BLACK	*RED
1							
2							
3							
4							
5							

JUSTIFICATION

FOR USE BY ELEMENT CLASSIFICATION ADVISORY OFFICER ONLY

I certify that the above rubber stamps are properly classified as defined by NSA/CSS Regulation No. 10-13.

PRINTED NAME	ORG.
SIGNATURE	DATE

DO/SAFETY AND HEALTH INSPECTION RECORD

* Must provide a corrective action/explanation in Section G.

OSH REP		ORGANIZATION	BUILDING/ROOM	FY/QTR	
A. FLOORS, CEILINGS, AND WINDOWS:		YES	*NO	N/A	DISCREPANCY EXPLANATION/COMMENTS (Continue on last page, if necessary)
1. Are traffic areas, personal and common, clear?					
2. Are floors free of trip hazards and/or holes?					
3. Are ceiling tiles in place and free from holes/cracks?					
4. Is the ceiling grid free of suspended hazards?					
5. Is all glass free of damage?					
6. Is overhead lighting in working order?					
7.					
B. STORAGE:		YES	*NO	N/A	DISCREPANCY EXPLANATION/COMMENTS (Continue on last page, if necessary)
1. Are cabinets loaded properly (heavy on bottom, light on top)?					
2. There should be nothing stored beneath the raised floor. Is this true for this area?					
3. There should be nothing stored above the suspended ceiling. Is this true for this area?					
4. Is the plane that lies 18" below sprinkler heads clear?					
5. Are combustible materials stored more than 6' away from heat sources?					
6. Are chemicals, cleaning fluids, correcting fluids, and/or glue properly labeled and stored securely?					
7. Are stacking bookcases only two units high? Are three or four units against a fixed wall? (No multiple units greater than 4 are allowed).					
8. Are items safely stored in storage rack (i.e., height, weight, stability)?					
9.					
C. FURNITURE:		YES	*NO	N/A	DISCREPANCY EXPLANATION/COMMENTS (Continue on last page, if necessary)
1. Are desks free of clutter?					
2. Is furniture free of sharp edges, points, burns or splinters?					
3. Are chairs free of loose casters, rungs, legs, or chair backs?					
4. Are step stools free of rollers or casters that make them unsafe?					
5. Are phone lines/electric cords secured under desks or along baseboards?					
6.					

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02-16-2007, FOIA Case # 42877

* Must provide a corrective action/explanation in Section G.

D. ELECTRICAL:	YES	*NO	N/A	DISCREPANCY EXPLANATION/COMMENTS (Continue on last page, if necessary)
1. Is all electrical equipment in good working order?				
2. Is commercial off-the-shelf electrical U/L Listed?				
3. Are only U/L Listed, circuit breaker-protected, multi-outlet strips in use?				
4. Is area free of "piggyback" power strips, loose floor outlets, uncovered receptacle boxes, etc.?				
5. Do appliances (excluding refrigerators) rest on a non-combustible surface?				
6. Is area free of unauthorized appliances (Note: See Tech Guide #13 & 14)?				
7. Do electrical panel boxes have 36" of clearance in front floor to ceiling?				
8. Do electrical panel boxes have 15" of clearance from each side?				
9.				

E. FIRE SAFETY PROCEDURES AND EQUIPMENT:	YES	*NO	N/A	DISCREPANCY EXPLANATION/COMMENTS (Continue on last page, if necessary)
1. Are building fire instructions (Form D4194) posted at each exit?				
2. Is the Current OSHRep identified and posted on Form D4194?				
3. Is a current evacuation map with muster point posted at each exit?				
4. Are Egress routes completely free of all obstructions?				
5. Is the Common Path of Travel less than 100' walking distance to a hall door?				
6. Are primary aisles at least 44" wide?				
7. Are secondary aisles at least 36" wide?				
8. Are electrical exit signs and emergency lights fully functioning? (Emergency lights work when test button is pushed for 30 seconds.)				
9. Are Fire Extinguishers inspected monthly in accordance with Tech Guide #17?				
10. Are Fire Extinguishers properly hung and accessible in accordance with Tech Guide #17?				
11.				

F. AREA SPECIFIC ITEMS/ERGONOMICS/PROTECTIVE EQUIP.	YES	*NO	N/A	DISCREPANCY EXPLANATION/COMMENTS (Continue on last page, if necessary)

DOCID: 3115112

G. CORRECTIVE ACTIONS TAKEN/EXPLANATIONS *(Use additional pages if necessary)*

[illegible]

REMARKS:

H. INSPECTION DATES AND SUPERVISOR'S SIGNATURES:		
OSHREP	DATE	SIGNATURE
SUPERVISOR	DATE	SIGNATURE

SAFETY SHOE REQUEST

				REMEDY NUMBER	
REQUESTER'S NAME (Last)		(First)	(M)	SID	
SHOE STYLE NUMBER	SHOE SIZE/WIDTH	ORGANIZATION	BUILDING	PHONE NUMBER	
SUPERVISOR'S SIGNATURE					
DELIVERY ORDER NUMBER			DELIVERY ORDER DATE		

FORM J3418 REV MAR 2002 (Supersedes J3418 REV MAR 99 which is obsolete)

Mail completed form to: **SAFETY SHOES**
LL
SAB 4
Suite 6632
Room S4125

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

DD FORM 1300, 1 OCT 96 EDITION COMMUNICATIONS KEY ORDER REQUEST

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:	USER REPRESENTATIVE/EKMS ID (Alpha/Numeric)	FOR CENTRAL FACILITY USE ONLY			
	ADDRESS	ORDER ID	ENTER	E/S	C-R
		DATE (YY, MM, DD)		TRANSACTION NUMBER (YY, MM, XXXX) (XXXX is sequence no. of order within that month, i.e., 92010001)	
		PARTITION TYPE (Must choose ONE ONLY. If "CLOSED", enter ten-digit code)			
<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED					
TO: EKMS Central Facility P.O. Box 718 FINKSBURG, MD 21048-0718		EQUIPMENT TYPE			
KEY TYPE (Choose ONE)		Choose ONE)		KEY APPLICATION (Choose one)	
<input type="checkbox"/> SEED <input type="checkbox"/> OPERATIONAL		<input type="checkbox"/> TYPE 1 <input type="checkbox"/> TYPE 2		<input type="checkbox"/> TEST <input type="checkbox"/> OPERATIONAL	

ITEM NO. (Start with 01 and increase by one for each subsequent item)	QTY (Two-digit numeric representing no. of keys to be ordered. Max. of 99 keys can be ordered per line item, & max of 400 keys may be ordered under same trans. no.)	CLASSIFICATION (Check at least one box or any combination of class. listed. NOTE: Each choice is discrete; lower class. levels are not inclusive. (i.e., to receive levels of Conf. Sec. & TSec, all 3 boxes must be checked))	DEVICE CAPABILITIES - OPT. (Choose max. of three, 2-letter codes.) AV - Auxiliary Vector CR - Central Off. of Recd. CC - COMSEC Custodian LD - Local Domain Auth. LM - LMD/Key Processor RA - Rekey Agent SM - System Mgr. TO - Tier 1 UR - User Rep	ACCESS CONTROL - OPT. (If special access capabilities, "X" in column and complete Form L6644, Access Control Schedule.)	USER ACCOUNT (LMD's EKMS ID - 6 digits)	REMARKS - OPT. (Provide additional info that may aid the Central Facility in processing order. This space may also be used to note info for local use.)
		U C				
		S TS				
		U C				
		S TS				
		U C				
		S TS				
		U C				
		S TS				
		U C				
		S TS				
		U C				
		S TS				
		U C				
		S TS				
		U C				
		S TS				

COMSEC ACCOUNT NUMBER (For all physical key orders, indicate account no. and associated address that keying material is to be shipped).

COMSEC ACCOUNT ADDRESS

--	--	--	--	--	--

BENIGN FILL?

☐ Yes ☐ No

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USER REPRESENTATIVE OR ALTERNATE'S TYPED OR STAMPED NAME

SIGNATURE

PHONE NUMBER (Commercial or DSN)

SDNS COMMUNICATIONS KEY ORDER REQUEST - NES

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:	USER REPRESENTATIVE/EKMS ID (Numeric)	FOR CENTRAL FACILITY USE ONLY			
	ADDRESS	ORDER ID	ENTER	E/S	C-R
		DATE (YY, MM, DD)	TRANSACTION NUMBER (YY, MM, XXXX) (XXXX is sequence no. of order within that month, i.e., 92010001)		
		PARTITION TYPE (Must choose ONE ONLY. If "CLOSED", enter ten-digit code)			
		<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED			
TO: EKMS Central Facility P.O. Box 718 FINKSBURG, MD 21048-0718		EQUIPMENT TYPE			

KEY TYPE (Choose ONE) NOTE: If 2 EKR's are being requested for 1 key, 2 forms are required and date of EKR MUST be completed.

KEY APPLICATION (Choose one)

☐ SEED

☐ EKR

DATE OF EKR (YY, MM, DD)

☐ TEST

☐ OPERATIONAL

☐ OPERATIONAL

ITEM NO. (Start with 01 and increase by one for each subsequent item)	QTY (Required if Non-EKR) (Two-digit numeric representing no. of keys to be ordered. Max. of 99 keys can be ordered per line item, & max of 400 keys may be ordered under same trans. no.)	KEY REGISTRATION NUMBER (If ordering an EKR only, enter the 10-digit registration number (Key Material ID) of the key to be replaced)	CLASSIFICATION (Check one box ONLY)	FREE FORM ID
			U C	
			S TS	
			U C	
			S TS	
			U C	
			S TS	
			U C	
			S TS	
			U C	
			S TS	
			U C	
			S TS	

COMSEC ACCOUNT NUMBER (For all physical key orders indicate account no. and associated address that keying material is to be shipped. For EKR's, list the account responsible for ensuring EKR is picked up.)

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COMSEC ACCOUNT ADDRESS

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02-16-2007, FOIA Case #42877

USER REPRESENTATIVE TYPED OR STAMPED NAME

SIGNATURE

PHONE NUMBER (Commercial or DSN)



SAMPLE

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. 798; and E.O. 10450, 10865, 12333, 12958, and 12968. Auth for collecting your SSN is E.O. 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 (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.

NATIONAL SECURITY AGENCY
Fort George G. Meade, MD 20755-6000

SECURITY AGREEMENT

Intending to be legally bound, in consideration of being assigned or detailed to, or employed in, or having access to Protected Information at the National Security Agency (NSA), and recognizing that this assignment, detail, employment access involves a position of special trust and confidence regarding the national security, I hereby accept the obligations set forth in this Agreement.

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 during the course of my employment or other service with NSA, 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 employment or other relationship with the NSA, 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 result in termination by the NSA of my employment in, or my assignment or detail to, NSA and/or my access to Protected Information. The NSA may, in accordance with applicable law terminate my employment in, or my assignment or detail to, the NSA or may withdraw 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 that I will report, without delay, to a 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 fee 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 employment or other service 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. I also understand that, as is necessary to conduct my personal affairs, I may reveal unclassified information as to where I am employed, assigned or detailed, the generic nature of my employment, assignment or detail in accordance with the descriptions provided for in Annex B to NSA/CSS Regulation 10-11, "Release of Unclassified NSA/CSS Information," and the amount of salary I receive in connection therewith. I understand that I should exercise discretion and care in revealing such information and that by releasing such information, I have not violated this Agreement.

10. In addition to other conditions imposed on me as a result of my employment or other service with NSA, I agree to:

- (a) Notify the Office of Security, NSA, of any unofficial foreign travel by me during the period of my employment, assignment or detail to the NSA;
- (b) Accept such restrictions on unofficial foreign travel during the period of my employment, assignment or detail to 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 the 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 unenforceable. I also understand that if I am a member of a military service, I assume by this agreement only the obligations not imposed by a similar government non-disclosure agreement which I may have signed as required by my military department.

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; Sections 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 disclosure to Congress by members of the military); 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 641, 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 list statutes are incorporated into this Agreement and are controlling.

SIGNATURE	MILITARY SERVICE RANK	ORG	CIVILIAN GRADE	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
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FOIA 31513
SECURITY CHECK-IN
(NSA/CSS Military Assignees)

PRIVACY ACT STATEMENT G511 Security Check-In: Authority for collecting information requested on this form is contained in 50 U.S.C. 402 *note*; 50 U.S.C. 631-635, 5 U.S.C. 552a and 7311; and Executive Orders 10450, 12333, 12958, 12968. NSA's Blanket Routine Uses found at 58 Fed.Reg. 10,531 (1993) and the specific uses found in GNSA01, GNSA09, and GNSA10 apply to this information. Authority for requesting Social Security Number is Executive Order 6357. Information you provide will be used to determine access to sensitive cryptologic information and NSA/CSS facilities. Disclosure of requested information, including your SSN, is voluntary. However, failure to furnish requested information, other than your SSN, may limit assignments at NSA/CSS and access to compartmented NSA/CSS material and spaces.

1. PERSONAL INFORMATION

NAME (Last) (First) (Middle) (Maiden)			DATE AND PLACE OF BIRTH
SERVICE	RATE OR RANK		SSN

2. LIST MEMBERS OF YOUR FAMILY AND PERSONS IN YOUR HOUSEHOLD WHO ARE NOT U.S. CITIZENS

NAME AND RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP

3. LIST MEMBERS OF YOUR FAMILY AND PERSONS IN YOUR HOUSEHOLD WHO ARE NATURALIZED U.S. CITIZENS

NAME AND RELATIONSHIP	DATE AND PLACE OF BIRTH	FORMER CITIZENSHIP

4. LIST LAST THREE (3) ASSIGNMENTS TO INCLUDE BASIC TRAINING (Do Not include current assignment)

LOCATION (List most recent first keeping information unclassified)	DATES
EXAMPLE: Osan AB, 303D IS, Korea	Sept 1999 - May 2003

5. HAVE YOU EVER MAINTAINED A CLOSE OR CONTINUING ASSOCIATION WITH ANYONE WHO IS NOT A U.S. CITIZEN? (Ties of kinship, affection or obligation)

☐ NO ☐ YES (If yes, give name, citizenship, and nature of association)

6. HAVE YOU EVER BEEN APPROACHED BY AN UNAUTHORIZED PERSON TO DIVULGE CLASSIFIED PROTECTED INFORMATION?

☐ NO ☐ YES (If yes, give circumstances and see the briefer)

7. HAVE YOU EVER BEEN OR ARE YOU CURRENTLY THE SUBJECT OF ANY DISCIPLINARY ACTIONS?

☐ NO ☐ YES (If yes, briefly give circumstances)

8. REMARKS (Continue on reverse)

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

*SIGNATURE	PHONE NO. (Secure)	(Non-Secure)	DATE
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DOCID: 3115136
SECURITY CHECK LIST

ORGANIZATION	ROOM NO. (s)	DATE (from) _____ (to) _____
SECURITY CHECKERS (1)	(2)	(3)

CHECK ITEMS INDICATED BELOW, AS APPLICABLE	S	M	T	W	T	F	S	S	M	T	W	T	F	S
CLASSIFIED MATERIAL SECURED (Check tops of all surfaces)														
BURN BAGS STORED														
DESKS LOCKED														
SAFES/CABINETS LOCKED														
KEYS PROPERLY SECURED														
DOORS LOCKED														
PERSONNEL REMAINING OVERTIME (List in remarks)														
TIME														
REMARKS														

NOTE: This form will be turned over to the Security Coordinator at end of 2-week period

FORM G7038 REV JUN 78 (Supersedes G7038 REV JUL 64 which is obsolete)
 NSN: 7540-FM-001-1296

SECURITY CHECK LIST

ORGANIZATION	ROOM NO. (s)	DATE (from) _____ (to) _____
SECURITY CHECKERS (1)	(2)	(3)

CHECK ITEMS INDICATED BELOW, AS APPLICABLE	S	M	T	W	T	F	S	S	M	T	W	T	F	S
CLASSIFIED MATERIAL SECURED (Check tops of all surfaces)														
BURN BAGS STORED														
DESKS LOCKED														
SAFES/CABINETS LOCKED														
KEYS PROPERLY SECURED														
DOORS LOCKED														
PERSONNEL REMAINING OVERTIME (List in remarks)														
TIME														
REMARKS														

NOTE: This form will be turned over to the Security Coordinator at end of 2-week period

FORM G7038 REV JUN 78 (Supersedes G7038 REV JUL 64 which is obsolete)
 NSN: 7540-FM-001-1296

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

SECURITY CLASSIFICATION (if any)

**SECURITY CHECKLIST FOR
NEWLY ASSIGNED PERSONNEL**

PRIVACY ACT STATEMENT: Auth for collecting info requested on this form is contained in 50 U.S.C. Sec. 402 note; 50 U.S.C. Sec. 831-835; and E.O. 10450, 12333, 12958, and 12968. 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 E.O. 9397. The requested info you provide will be used to verify your identity. Discl of info, including SSN, is voluntary. However, failure to furnish the requested info, other than SSN, may make it difficult to determine one employee from another particularly when names are similar.

INSTRUCTIONS

The employee and the employee's supervisor will review this checklist together and will discuss each item as it applies to the organization concerned. When the supervisor and employee are satisfied that the security instruction is complete, they should sign the form. Forward completed form to Key Component Staff Security Officer.

NAME (Please Print) (Last)	(First)	(MI)	SSN	GRADE / RANK	ORGANIZATION	DATE ASSIGNED (YYYYMMDD)	
SUPERVISOR'S BRIEFING FOR NEW EMPLOYEE / ASSIGNEE						INITIALS	
						SUPV	EMPL
1. OFFICE PHYSICAL SECURITY PROCEDURES REVIEW	A. AREA CONTROL FOR AUTHORIZED ACCESS						
	B. USE OF TELEPHONE						
	C. KEY CONTROLS						
	D. LOCK-CHECKER SYSTEM						
	E. SECURITY INSPECTIONS / VIOLATIONS						
	F. EMERGENCY EVACUATION / SAFETY PROCEDURES						
	G. PROHIBITED ITEMS						
2. CLASSIFIED INFORMATION PROTECTION	A. NEED-TO-KNOW						
	B. STORAGE SYSTEM						
	C. AUTOMATED INFORMATION SYSTEMS (AIS)						
	D. CLASSIFIED WASTE						
	E. PACKAGING AND WRAPPING RESPONSIBILITIES						
	F. LOCAL CLASSIFICATION OFFICER						
3. INDIVIDUAL RESPONSIBILITIES	A. FOREIGN TRAVEL						
	B. ASSOCIATION WITH FOREIGN NATIONALS						
	C. FORGOTTEN BADGES						
	D. REPORTING SECURITY PROBLEMS						
	E. AWOL						
	F. WHERE TO TURN FOR HELP, INFORMATION OR ADVICE						
4. IDENTIFICATION OF ELEMENT AND STAFF SECURITY OFFICERS AND ORGANIZATION COMPUTER SECURITY MANAGER							
DISCUSSION ACKNOWLEDGEMENT	I acknowledge that I have been informed of the procedures and practices of the Agency Security Program and how the program is implemented in my element as outlined above.						
	EMPLOYEE / ASSIGNEE SIGNATURE			ORG	DATE (YYYYMMDD)		
	REMARKS						
	SUPERVISOR SIGNATURE			TITLE	DATE (YYYYMMDD)		

SAMPLE

PRIVACY ACT STATEMENT: Auth for collecting info requested on this form is contained in 50 U.S.C., Section 402 note; 50 U.S.C., Sections 831-835, Executive Orders 10450, 12333, 12958, 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 found in GNSA01 and GNSA10 apply to this info. Auth for requesting SSN is E.O. 9397. The requested info will be used to document your access to protected info and your obligation not to disclose Protected Information without authorization. Your disc of requested info, including SSN, is voluntary. However, failure to furnish the requested info, other than SSN, may result in a delay authorizing your access to sensitive info of the NSA.

SECURITY DECLARATION

Upon entering on duty at the National Security Agency, I have been made aware of my responsibility to protect the Agency. I fully understand that the security of the information and the activities of the Agency is of vital importance to the welfare and defense of the United States.

I realize that I am not to discuss the Agency or personal information about employees of the Agency with any unauthorized person.

I will report without delay to a representative of the Office of Security any incident whereby an unauthorized person obtains, or attempts to obtain information concerning the classified operations of the National Security Agency.

I affirm that I am familiar with the provisions of Sections 793, 794, and 798, Title 18, U.S. Code.

PRINTED NAME	SIGNATURE
GRADE, RANK OR ORGANIZATION	SOCIAL SECURITY NUMBER
WITNESS	DATE

FORM G170I REV JUL 2001 (Supersedes G170I REV FEB 94 which is obsolete)

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

DOCID: 315137
SAMPLE
SECURITY EXIT INTERVIEW

PRIVACY ACT STATEMENT: Auth for requesting SSN: EO 9397
Principal purpose for which info will be used: To identify individual and interview individual. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) apply to this information. Disclosure of SSN: voluntary. Effect on individual if info not provided: Will delay agency processing.

ALL PERSONS BEING DEBRIEFED ARE REQUESTED TO COMPLETE THIS FORM

- ☐ I would like a confidential exit interview with a Security Officer. I wish to discuss:
- ☐ Unusual interest in NSA/CSS personnel and activities.
 - ☐ The unauthorized disclosure of classified information by an NSA/CSS employee or assignee.
 - ☐ The behavior, activities or attitude of an NSA/CSS employee or assignee which may be of security concern.
 - ☐ Recommendations which I believe may improve the security posture of NSA/CSS.
 - ☐ Other:

☐ I do not desire a personal exit interview.

SIGNATURE	DATE
PRINTED NAME	SOCIAL SECURITY NUMBER

FORM G0412 REIN FEB 90
NSN 7540-FM-001-1668

~~For Official Use Only~~

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

SECURITY CLASSIFICATION
Security Information Report
 (See NOTICE on Reverse Side)

INVENTORY NUMBER
100095

TYPE OF INCIDENT		CODE	
DATE/TIME OF OCCURENCE		ITEM SERIAL NUMBER	
REPORTING OFFICER		ID	
LOCATION OF INCIDENT		ORGANIZATION	
PERSON(S) INVOLVED			CODE
V-Victim G-Visitor C-Contractor W-Witness E-Employee R-Reporting Person			
NAME (Last)	(First)	(MI)	SSN
ORG/ADDRESS	CITY	STATE	ZIP
			TELEPHONE NUMBER

BADGE

1-Grm	4-Blu	CODE	10-Escort	13-Temp	CODE	20-Lost	CODE
2-Yel	5-Red		12-Appl	14-PV		21-Exp	
3-Blk						22-Dam	

SECURITY INSPECTION DISCREPANCIES

THE FOLLOWING WERE FOUND UNSECURED			MATERIAL PLACED IN		
50-class. mat.	55-burnbag	CODE	63-Lost	CODE	
51-class. stamp	56-type ribbon		64-Exp		
52-carbon paper (used)	57-strge. media		66-SSO		
53-key	58-door/room		66-w/in area		
54-safe/contr. (decal/ser#)	61-other		67-S41		
NOT RETURNED		CODE	UNAUTHORIZED POSSESSION		CODE
A-Key	B-Badge		G-Class. Material H-Class. Mat. Prohibited AIS		

DETAILS

I certify that I have received the above listed item:

SIGNATURE	DATE
FORM G3344 REV DEC 98 NSN: 7540-FM-001-0657	SECURITY CLASSIFICATION

COPY DISTRIBUTION:

Copy 1 (White) - Headquarters S42
 Copy 2 (Yellow) - Offender (Only if issued as SID in office. If not, to Zone file)
 Copy 3 (Pink) - Security Operations Center

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

NOTICE

NOTICE

NOTICE

Privacy Act Statement: Auth: GNSA08 and 50 U.S.C. section 831; EO 12333 section 1.12(b) (10); 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 protect NSA property, installations, activities and information. SSN used to verify identity. Disclosure of the information, including SSN, is voluntary. Failure to furnish any of the requested information may delay or prevent the return of confiscated property or ingress and egress into Agency controlled areas.

THE PURPOSE OF THIS REPORT IS TO ADVISE THAT THE SECURITY DISCREPANCIES LISTED ON THE FRONT OF THIS FORM, WERE DISCOVERED BY OFFICERS OF THE SECURITY PROTECTIVE FORCE.

IT IS SUGGESTED THAT THE STAFF SECURITY OFFICER RESPONSIBLE FOR YOUR GROUP/SECTION BE CONTACTED REGARDING THIS MATTER.

SECURITY INTERVIEW CONSENT

PRINTED NAME

NATIONAL SECURITY AGENCY/CENTRAL SECURITY SERVICE
(NSA/CSS) STATUS

- ☐ EMPLOYEE
- ☐ CANDIDATE FOR ACCESS TO NSA/CSS INFORMATION
- ☐ ASSIGNED OR DETAILED

I consent to an interview by a representative of NSA/CSS Security Services.

1. I have been informed that:

a. The interview is being conducted for security purposes. My participation is voluntary, and I can terminate the interview at any time.

b. The interview room may contain viewing and recording devices which may be used to observe, record, or listen to the interview.

c. In accordance with the Fifth Amendment to the U.S. Constitution (or Article 31 of the Uniform Code of Military Justice, if applicable), I may refrain from saying anything that may implicate me in a criminal offense.

d. Refusal to cooperate on grounds other than my right not to incriminate myself could be the basis for denial, revocation or suspension of my access to NSA/CSS classified material or facilities and, if I am a civilian NSA/CSS employee, may result in disciplinary action under the NSA/CSS Personnel Management Manual.

2. With regard to the Privacy Act of 1974, I understand that:

a. The principal purpose for which the information I provide in this interview will be used is to ensure compliance with statutory and regulatory requirements for employment or assignment involving access to sensitive cryptologic information. These requirements are imposed by Public Laws 88-290 and 86-36, Executive Orders 10450 and 12333, and 12968, DCID 1/14, and DoD Directive 5100.23, or their successors.

b. My disclosure of information is voluntary. 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 is to be used in employment, 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. Additionally, the information may be furnished to properly authorized investigators, evaluators and adjudicators for the conduct of security determination or to individuals with responsibilities for inspections or litigation. The information provided during this interview may be furnished to law enforcement authorities if the information relates to possible or actual violations of criminal law.

c. If I do not provide the requested information, the result may be processing delays or the inability of the Agency to reach a final determination with respect to employment, clearance, continued assignment, access and other related actions.

d. The authority for the collection of information during this interview is Record System GNSA10, PL 86-36 and PL 88-290.

IN WITNESS THEREOF, I PLACE MY SIGNATURE BELOW

SIGNATURE

DATE (Day, Month, Year)

THE ABOVE WAS READ AND SIGNED IN MY PRESENCE

WITNESS

DATE (Day, Month, Year)

SAMPLE

PRIVACY ACT STATEMENT: Auth for collecting info requested on this form is contained in 50 U.S.C., Section 402 note; 50 U.S.C., Sections 831-835, Executive Orders 10450, 12333, 12958, 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 found in GNSA01 and GNSA10 apply to this info. Auth for requesting SSN is E.O. 9397. The requested info will be used to document your access to protected info and your obligation not to disclose Protected Information without authorization. Your disclosure of requested info, including SSN, is voluntary. However, failure to furnish the requested info, other than SSN, may result in a delay authorizing your access to sensitive info of the NSA.

SECURITY OATH

Upon being cleared to protect the sensitive information of the National Security Agency, I subscribe to this oath freely, without mental reservation, and with the full intent to exercise meticulous care in abiding by its terms.

I solemnly swear that I will not reveal to any person any information pertaining to the classified activities of the National Security Agency, except as necessary toward the proper performance of my duties or as specifically authorized by a duly responsible superior known to me to be authorized to receive this information.

I further solemnly swear that I will report without delay to my security representative the details and circumstances of any case which comes within my knowledge of an unauthorized person obtaining or attempting to obtain information concerning the classified operations of the National Security Agency.

I fully appreciate and understand that the security of the information and activities of the National Security Agency is of vital importance to the welfare and defense of the United States. I affirm that I am familiar with the provisions of Sections 793, 794 and 798, Title 18, United States Code.

I do hereby affirm my understanding that the obligations of this oath will continue even after severance of my connections with the National Security Agency and that they remain fully binding on me during peacetime as well as during wartime.

PRINTED NAME	SIGNATURE
GRADE, RANK OR ORGANIZATION	SOCIAL SECURITY NUMBER
WITNESS	DATE

FORM G170F REV JUL 2001 (Supersedes G170F REV JAN 94 which is obsolete)

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

SECURITY CLASSIFICATION

DATE (YYYYMMDD)

SECURITY REVIEW CHECKLIST

Office Security Coordinators or Advisors (SC/SA's) will determine which area should logically constitute a unit for review purposes. Surveys will be conducted by the SC or SA's or an alternate approved by the Key Component Staff Security Officer (SSO). Upon completion of each survey, the Branch Chief or Team Leader will indicate that he/she has been briefed on the results of the security review by signing the report. Where a question is checked "NO", an explanation or corrective action to be taken will be entered in the "REMARKS" section or on a separate sheet, and the checklist should be classified CONFIDENTIAL. When submitting completed security review reports to the SSO, the SC/SA will attach a cover memorandum containing comments on the overall state of physical security within the office. Problem areas uncovered that do not lend themselves to immediate or simple remedies should be brought to the attention of the SSO and S41 immediately. S41 Facilities Security Officers are located in Room 3W156 in Operations Building 1 and can be reached at 963-6651s or 688-8293b. Completed Security Review Checklists should be forwarded to the SSO no later than 15 May of each year.

NAME OF REVIEWER (Last) (First)	(MI)	ORG	PHONE NO. (Secure) (Non-Secure)	ROOM NO	BUILDING
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PART I - PHYSICAL SECURITY

	YES	NO	N/A
1. Is the Key Access List current? (Ref. Office of Security Services Policy Issuance 121-18, Annex K.)			
2. Have procedures been established for safeguarding keys drawn from the Key Desk or the Automated Key Access Machine (AKAM) while in the custody of the organization? (Ref. Office of Security Services Policy Issuance 121-18, Annex K.)			
3. Are 24-hour retention keys cited weekly by filling out a new key card or returning to the AKAM? (Ref. Office of Security Services Policy Issuance 121-18, Annex K.)			
4. Are all convenience knob lock keys (CKLs) for main door or interior offices accounted for and safeguarded?			
5. Except when actually in use are corridor doors kept closed at all times? (Ref. Office of Security Services Policy Issuance 121-18, Annex F.)			
6. Are duplicate desk and container keys stored in a locked container when the area is secured? (Ref. Office of Security Services Policy Issuance 121-18, Annex K.)			
7. Do all safes in the area carry a unique identification number?			
8. Are combination padlocks properly safeguarded when not in use? (Ref. PMM 803.3-8i)			
9. Are combinations being changed: (Ref. Office of Security Policy Issuance, Annex C.)			
a. When combination lock is first placed in operation?			
b. When the combination is or may have been compromised?			
c. At least once every two years?			
10. Is the Support Services Operation Center (SSOC) properly notified via Form SF 700 of all combination changes (container and padlock)? (Ref. Office of Security Services Policy Issuance 121-18, Annex C.)			
11. Is all locking hardware operating properly? If not, contact S4123 Protective Security Technologies for repairs. They can be reached via e-mail at LOCKHELP@ nsa or at 963-3585s.			
12. Is the Alarm Activation/Deactivation List current?			
13. Have 24 hour unmanned computer operations been approved by your element SSO and properly labeled to preclude shut-off? If not, contact your SSO for guidance.			
14. Is classified information or material being stored or protected by the most secure method possible, consistent with its sensitivity? (Ref. PMM 803.3-1 through 3-4).			
15. Have all Open Storage requirements been reviewed and approved by S41? (Ref. Office of Security Services Policy Issuance 121-18, Annex H.)			
16. In areas with Open Storage approval, has an attempt been made to obtain sufficient lockable containers to store all classified material? If not, has an attempt been made to archive/destroy outdated or unclassified material? (Ref. Office of Security Services Policy Issuance 121-18, Annex H.)			
17. Are newly assigned personnel apprised of their security responsibilities by their supervisors using Form G1927, Security Checklist for Newly Assigned Personnel? (Ref. NSA Reg. 120-413.c.)			
18. Is Form G1927 for new arrivals being forwarded to the appropriate SSO?			
19. If there are Limited Interim Clearance (LIC) or Red-Badged personnel assigned to the area, has the area been surveyed and approved by your element SSO or S41? (Ref. Office of Security Services Policy Issuance 121-18, Annex E.)			
20. Are appropriate security measures in place to safeguard classified information from disclosure to LIC or uncleared personnel working in area? (Ref. Office of Security Services Policy Issuance 121-18, Annex E.)			
21. Are assigned personnel familiar with and adhere to security procedures associated with the use of:			
a. NEWSMAGAZINE			
b. Non-secure facsimile devices			
c. Non-secure modems			
d. Secure facsimile devices			
22. Are telecommunications equipment, to include STU-III's, used in accordance with anonymity/OPSEC considerations? (Ref. NSA Reg. 120-24)			

PART I - PHYSICAL SECURITY (continued)

	YES	NO	N/A
23. Are all Crypto-Ignition Keys (CIKs) for STU-IIIIs secured when not in use and at the end of the day? (Ref. NSA Reg. 120-24)			
24. Does Reproduction equipment have a Printing Control Number (PCN)? Contact Y19/PCO for more information (Ref. NSA Reg. 10-25)			
25. Has a Reproduction Operation SOP been established? If not, contact Y19/PCO for guidance. (Ref. NSA Reg. 10-25, Annex K.)			
26. Are all partially filled burn bags safeguarded in the manner prescribed for the highest level of classified waste contained therein? (Ref. PMM 803.5-1c.)			
27. When classified material is being handcarried, has the material been properly inventoried and wrapped? (Ref. NSA Reg. 123-2)			
28. Have all couriers been properly briefed by S443 to handcarry classified materials outside NSA Headquarters Facilities? (Ref. NSA Reg. 123-2)			
29. Are all other handcarrying procedures being observed? (Ref. NSA Reg. 123-2)			
30. Has a locker/checker procedure been established for securing the area at close of business? (Ref. Office of Security Services Policy Issuance 121-18, Annex J.)			
31. Are all personnel thoroughly familiar with locker/checker procedures?			
32. Are checks made to ensure that locker/checker procedures are followed?			

PART II - ACCESS CONTROL

	YES	NO	N/A
33. Are assigned personnel located so that access to the area can be visually monitored at all times? (Ref. Office of Security Services Policy Issuance 121-18, Annex F.)			
34. Are visitor registers being properly completed when required? (Ref. Office of Security Services Policy Issuance 121-18, Appendix 2 to Annex F.)			
35. Are assigned personnel alert to their responsibility to challenge visitors in the work area?			
36. Are assigned personnel adequately alerted to the presence of uncleared visitors in the work area?			
37. Are Visitor Requests being approved at the Branch Chief or Team Leader level or higher?			
38. Are classified Visitor Requests submitted in a timely manner to permit appropriate processing?			

PART III - INTERNAL HANDLING OF CLASSIFIED MATERIAL

	YES	NO	N/A
39. Are mail distribution receptacles under continuous surveillance by area personnel?			
40. Do office personnel ensure that others do not "browse" through mail destined for elements other than their own?			
41. Are mail distribution receptacles located away from personnel traffic passageways? (If not, consideration should be given to altering the arrangement.)			
42. Do mail handlers (including secretaries) strictly observe caveats "to be opened only by", "eyes only", or "exclusively for"?			
43. Is there a real need-to-know for all classified publications received by the element? (If not, action should be initiated to discontinue receipt.)			
44. Do personnel who open sealed envelopes containing compartmented material possess the necessary clearances?			
45. Is all compartmented material which is dispatched or received in the element wrapped in a sealed opaque envelope bearing the caveat "to be opened only by", "eyes only", or "exclusively for"?			
46. Are holders of combinations to safes containing compartmented material limited to those cleared for access to the material?			
47. Is need-to-know JUDICIOUSLY considered by personnel who determine distribution of classified material generated by the element?			

REMARKS

SIGNATURE OF COORDINATOR/ADVISOR

SIGNATURE OF CHIEF FOR AREA REVIEWED

SAMPLE

PRIVACY ACT STATEMENT: Auth for collecting info requested on this form is contained in 50 U.S.C., Section 402 note; 50 U.S.C.; Sections 831-835; Executive Orders 10450, 12333, 12958, and 12968; and DCI Directive No. 8/4 NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) as well as the specific uses found in GNSA01 and GNSA10 apply to this info. Auth for requesting SSN is E.O. 9397. The requested info will be used to document your access to protected info and your obligation not to disclose Protected Information without authorization. Your disclosure of requested information, including SSN, is voluntary. However, failure to furnish the requested info, other than SSN, may result in a delay authorizing your access to sensitive info of the NSA.

SECURITY TERMINATION STATEMENT

I fully appreciate and understand that the preservation of the security of all sensitive and/or classified defense information is of vital importance to the welfare and defense of the United States.

I acknowledge that termination of an appointment, detail, assignment, or association with the National Security Agency/Central Security Service under which I was eligible for access to sensitive and/or classified defense information terminates my right to have access to all information.

I do hereby swear or affirm that upon termination of my appointment, detail, assignment, or association with the National Security Agency/Central Security Service, I will not thereafter reveal my knowledge of sensitive and/or classified defense information orally or in writing to any unauthorized persons or agency, except as may be required by my reassignment or future employment with a United States government agency or component which has a specifically defined responsibility and a need-to-know such information, or except as may otherwise be required by law.

I further swear or affirm that I do not have in my possession or control any material containing such information.

I further swear or affirm that I will report without delay to the National Security Agency/Central Security Service or the Federal Bureau of Investigation any incident wherein an attempt is made by an unauthorized person to solicit sensitive and/or classified defense information. If I am in an overseas area, I will immediately report the facts to the nearest National Security Agency/Central Security Service Headquarters, to the Commander of the U.S. military installation, or to a Security Officer of the Department of State.

I understand the provisions of Sections 793, 794, and 798, Title 18 United States Code, and reaffirm the continuing security obligation that I readily accepted at the time of my appointment, detail, assignment or association with the National Security Agency/Central Security Service.

SIGNATURE	ORGANIZATION, SERVICE OR COMPANY AFFILIATION
PRINTED NAME	SOCIAL SECURITY NUMBER
PERSON ADMINISTERING OATH	DATE

FORM G170D NOV 03

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

Occupational Safety and Health Program

SELF-INSPECTION GUIDE

		YES	NO	N/A
1. EMPLOYER POSTING	a. Is the required DoD Safety and Occupational Health Protection Program workplace poster (DD Form 2272) displayed in a prominent location where all employees are likely to see it?			
	b. Is the NSA 911 Emergency poster (Form D4194) displayed in a prominent location where all employees are likely to see it?			
	c. Where employees may be exposed to toxic substances or harmful physical agents, has appropriate information concerning employee access to medical and exposure records, and "Material Safety Data Sheets", etc., been posted or otherwise made readily available to affected employees?			
	d. Are signs concerning exiting from buildings, room capacities, floor loading, exposures to x-ray, microwave, or other harmful radiation or substances posted where appropriate?			
	e. Is the end of year (FY) Summary of Recordable Occupational Illnesses and Injuries posted in the month of November for 30 days?			
2. RECORD- KEEPING	a. Are all recordable occupational injuries or illnesses reported to OHES?			
3. SAFETY AND HEALTH PROGRAM	a. Do you have a safety and health program in operation?			
	b. Do you have a working procedure for handling employee complaints regarding safety and health?			
	c. Are you keeping your employees advised of the successful effort and accomplishments in assuring they will have a workplace that is safe and healthful?			
4. MEDICAL SERVICES AND FIRST AID	a. Do employees know the location of NSA's medical center?			
	b. Are emergency phone numbers posted (911 and SSOC)?			
	c. Are first aid kits easily accessible to each work area, with necessary supplies available, periodically inspected and replenished as needed?			
	d. Are means provided for quick drenching or flushing of the eyes and body in areas where corrosive liquid or materials are handled?			
5. FIRE PROTECTION- PREVENTION	a. Do fire doors operate freely and are they in good working order and maintained in the closed position?			
	b. Are fire doors and shutters unobstructed and protected against obstructions, including their counterweight?			
	c. Are sprinkler heads protected by metal guards, when exposed to physical damage?			
	d. Are materials and obstructions 18 inches below the sprinkler deflector level?			
	e. Are employees periodically instructed in the use of extinguishers and fire protection procedures?			
	f. If a local smoke detection system is provided, is it operational? (Is the green power light on?)			
	g. Are the proper type of fire extinguishers available? (Class "A" water and/or Carbon Dioxide)			
	h. Have all extinguishers been inspected within the past twelve months?			
	i. Are extinguishers mounted, accessible and type identified?			
	j. Are portable fire extinguishers located within 75 feet?			
	k. Is trash and/or oily waste material removed on a daily basis?			
	l. Are waste receptacles containing flammable/combustible waste constructed of metal and provided with a self closing lid?			

		YES	NO	N/A
5. FIRE PROTECTION- PREVENTION (continued)	m. Are flammable liquids stored in metal containers or approved safety cans?			
	n. Are flammable liquids and/or oily waste materials stored in approved cabinets or containers?			
	o. Is the area beneath raised flooring free of storage?			
	p. Are electrical circuit breaker panels, disconnect switches, power distribution units, air handling units and smoke detection system panels clear from obstructions including combustibles? (three feet minimum)			
	q. Is the area free of unauthorized heating appliances? (exposed filament hot plates, portable heaters, popcorn popper, etc.)?			
	r. Are microwave ovens, refrigerators and other major appliances plugged directly into a single wall outlet?			
	s. Does each coffee pot rest on a non-combustible surface?			
	t. Are coffee pots plugged directly into an outlet or single fused multi-outlet power strip?			
	u. Are coffee pots powered off when unattended?			
	v. Is the area free of non-fused extension cords, loose floor outlets, multiple outlet plugs etc.?			
	w. Does this area have electrical equipment operating while the room is unattended?			
	x. Are all wall penetrations properly sealed?			
	y. Are ceiling tiles in place?			
	z. Are occupants aware of how to report a fire?			
aa. Is the area free of any fire hazard?				
6. PERSONAL PROTECTIVE EQUIPMENT AND CLOTHING	a. Are protective goggles or face shields provided and worn where there is any danger of flying particles or corrosive materials?			
	b. Are approved safety glasses required to be worn at all times in areas where there is a risk of eye injuries such as punctures, abrasions, contusions or burns?			
	c. Are adequate work procedures, protective clothing and equipment provided and used when cleaning up spilled toxic or otherwise hazardous materials or liquids?			
	d. Are protective gloves, aprons, shields, or other means provided against cuts, corrosive liquids and chemicals?			
	e. Are hard hats provided and worn where danger of falling objects exists?			
	f. Are hard hats inspected periodically for damage to the shell and suspension system?			
	g. Is appropriate foot protection required where there is the risk of foot injuries from hot, corrosive, poisonous substances, falling objects, crushing or penetrating actions?			
	h. Are approved respirators provided for regular or emergency use where needed?			
	i. Is all protective equipment maintained in a sanitary condition and ready for use?			
	j. Are eye wash facilities and a safety shower within the work area where employees are exposed to corrosive materials?			
	k. Where special equipment is needed for electrical workers, is it available?			
	l. Where lunches are eaten on the premises, are they eaten in areas where there is no exposure to toxic materials or other health hazards?			
m. Is hearing protection (i.e., plugs and muffs) provided and required to be worn when the sound levels exceed 85 dBA?				

		YES	NO	N/A
7. GENERAL WORK ENVIRONMENT/ HOUSEKEEPING	a. Are work areas clean, safe and orderly?			
	b. Are work surfaces kept dry or appropriate means taken to assure the surfaces are slip-resistant?			
	c. Are all spilled materials or liquids cleaned up immediately?			
	d. Is combustible scrap, debris and waste stored safely and removed from the worksite promptly?			
	e. Are accumulations of combustible dust (aluminum, carbon, wood, plastic) routinely removed from elevated horizontal surfaces including the overhead structure of buildings, etc.?			
	f. Is combustible dust cleaned up with an approved explosion proof vacuum system to prevent the dust going into suspension?			
	g. Is metallic or conductive dust prevented from entering or accumulating on or around electrical enclosure of equipment?			
	h. Is trash removed from work areas daily?			
	i. Are areas beneath raised floors free of storage?			
	j. Are adequate toilets, handwashing and shower facilities provided?			
	k. Are office vending, coffee mess and microwaves clean and sanitary?			
	l. Are all toilets and washing facilities clean and sanitary?			
	m. Are all work areas adequately illuminated?			
8. WALKWAYS	a. Are aisles and passageways permanently marked and kept clear?			
	b. Are aisles and walkways marked as appropriate?			
	c. Are wet or potentially moisture laden surfaces covered with non-slip materials?			
	d. Are holes in the floor, sidewalk or other walking surface repaired properly, covered or otherwise made safe?			
	e. Is there safe clearance for walking in aisles where motorized or mechanical handling equipment is operating?			
	f. Are material or equipment stored in such a way that sharp projectiles will not interfere with walkways?			
	g. Are changes of direction or elevations readily identifiable?			
	h. Are aisles or walkways that pass near moving or operating machinery, welding operations or similar operations arranged so employees will not be subjected to potential hazards?			
	i. Is adequate headroom provided for the entire length of any aisle or walkway?			
	j. Are standard guardrails provided wherever aisle or walkway surfaces are elevated more than 30 inches above any adjacent floor of the ground?			
	k. Are bridges provided over conveyors and similar hazards?			
9. FLOOR AND WALL OPENINGS	a. Are floor openings guarded by a cover, guardrail, or equivalent on all sides (<i>except at entrance to stairways or ladders</i>)?			
	b. Are toeboards installed around the edges of permanent floor opening (<i>where persons may pass below the opening</i>)?			
	c. Are skylight openings and holes guarded by screens and railings?			
	d. Is the glass in the windows, doors, glass walls, etc., which are subject to human impact, of sufficient thickness and type for the condition of use?			
	e. Are grates or similar type cover floor openings such as floor drains, of such design that foot traffic or rolling equipment will not be affected by the grate spacing?			

		YES	NO	N/A
9. FLOOR AND WALL OPENINGS (continued)	f. Are unused portions of service pits and pits not actually in use either covered or protected by guardrails or equivalent?			
	g. Are manhole covers, trench covers and similar covers, plus their supports designed to carry a truck real axle load of at least 20,000 pounds when located in roadways and subject to vehicle traffic?			
	h. Are floor or wall openings in fire resistive construction provided with doors or covers compatible with the fire rating of the structure and provided with self closing feature when appropriate?			
10. STAIRS AND STAIRWAYS	a. Are standard stair rails or handrails on all stairways having four or more risers?			
	b. Are all stairways at least 22 inches wide?			
	c. Do stairs have at least a 6'6" overhead clearance?			
	d. Do stairs angle no more than 50 and no less than 30 degrees?			
	e. Are stairs of hollow-pan type treads and landings filled to nosing level with solid material?			
	f. Are step risers on stairs uniform from top to bottom, with no riser spacing greater than 7.5 inches or less than 6.5 inches?			
	g. Are steps on stairs and stairways designed or provided with a surface that renders them slip resistant?			
	h. Are stairway handrails located between 30 and 34 inches above the leading edge of stair treads?			
	i. Do stairway handrails have at least 1.5 inches of clearance between the handrails and the wall or surface they are mounted on?			
	j. Are stairways <44" wide both sides enclosed, one handrail descending?			
	k. Are stairways <44" wide one side open, one stair railing on each side?			
	l. Are stairways <44" wide both sides open, one stair railing on each side?			
	m. Are stairways >44" but 88" wide, one handrail on each enclosed side, and one stair railing on each open side?			
	n. Are stairways >88" wide, one handrail on each enclosed side, one stair railing on each open side, and one middle stair railing?			
	o. Where stairs or stairways exit directly into any area where vehicles may be operated, are adequate barriers and warnings provided to prevent employees stepping into the path of traffic?			
11. ELEVATED SURFACES	p. Do stairway landings have a dimension measured in the direction of travel, at least equal to the width of the stairway?			
	q. Is the vertical distance between stairway landings limited to 12 feet or less?			
	a. Are signs posted, when appropriate, showing the elevated surface load capacity?			
	b. Are surfaces elevated more than 30 inches above the floor or ground provided with standard guardrails?			
	c. Are all elevated surfaces (<i>beneath which people or machinery could be exposed to falling objects</i>) provided with standard 4-inch toeboards?			
	d. Is a permanent means of access and egress provided to elevated storage and work surfaces?			
	e. Is a minimum of 6 feet 8 inches headroom provided to elevated storage and work surfaces?			
	f. Is material on elevated surfaces piled, stacked or racked in a manner to prevent it from tipping, falling, collapsing, rolling or spreading?			
	g. Are dock boards or bridge plates used when transferring materials between docks and trucks or rail cars?			

		YES	NO	N/A
12. EXITING OR EGRESS	a. FOR NON-SPRINKLERED BUILDINGS: If your area has only one exit access, is the walking distance to the corridor door 75' or less?			
	b. FOR SPRINKLERED BUILDINGS: If your area has only one exit access, is the walking distance to the corridor door 100' or less? (75' in leased spaces)?			
	c. If area is occupied by 50 or more people are there at least two separate means of egress available at all times?			
	d. Are all occupants familiar with the evacuation procedures for their workspace and building?			
	e. Are main aisles at least 44 inches wide?			
	f. Are cross aisles at least 36 inches wide?			
	g. Are all exists, aisles or corridors kept open and free of obstructions?			
	h. Are exit pathways clearly labeled with directional exit signs where exit acces is not readily apparent?			
	i. Is each exit clearly marked?			
	j. Are exit signs provided with the word "EXIT" in lettering at least 5 inches high and the stroke of the lettering at least .5-inch wide?			
	k. Are all exit pathways illuminated during normal operations?			
	l. Are all exit pathways illuminated with emergency lighting? If no battery powered emergency lights are visible, contact the building manager for guidance.			
	m. Are all doors in the means of egress operable from the occupied side without the use of keys or other devices?			
	n. Are exit doors side hinged?			
	o. Are at least two means of egress provided from elevated platforms, pits or rooms where the absence of a second exit would increase the risk of injury from hot, poisonous, corrosive, suffocating, flammable, or explosive substances?			
	p. Are NSA 911 posters displayed in each work area?			
	q. Is an NSA emergency evacuation plan posted in each work area?			
s. Are evacuation route maps posted, clearly showing routes of travel and designated assembly areas?				
13. EXIT DOORS	a. Are doors which are required to serve as exits designed and constructed so that the way of exit travel is obvious and direct?			
	b. Are windows which could be mistaken for exit doors, made inaccessible by means of barriers or railings?			
	c. Can exit doors open from the direction of exit travel without the use of a key or any special knowledge or effort when the building is occupied?			
	d. Is a revolving, sliding or overhead door prohibited from serving as a required exit door?			
	e. Where panic hardware is installed on a required exit door, will it allow the door to open by applying force of 15 pounds or less in the direction of the exit traffic?			
	f. Are doors on cold storage rooms provided with an inside release mechanism which will release the latch and open the door even if it's padlocked or otherwise locked on the outside?			
	g. Where exit doors open directly onto any street, alley or other area where vehicles may be operated, are adequate barriers and warnings provided to prevent employees stepping into the path of traffic?			
	h. Are doors that swing in both directions and are located between rooms where there is frequent traffic, provided with viewing panels in each door?			

		YES	NO	N/A
14. PORTABLE LADDERS	a. Are all ladders maintained in good condition, joints between steps and side rails tight, all hardware and fittings securely attached and moveable parts operating freely without binding or undue play?			
	b. Are non-slip safety feet provided on each ladder?			
	c. Are non-slip safety feet provided on each metal or rung ladder?			
	d. Are ladder rungs and steps free of grease and oil?			
	e. Is it prohibited to place a ladder in front of doors opening toward the ladder except when the door is blocked open, locked or guarded?			
	f. Is it prohibited to place ladders on boxes, barrels, or other unstable bases to obtain additional height?			
	g. Are employees instructed to face the ladder when ascending or descending?			
	h. Are employees prohibited from using ladders that are broken, missing steps, rungs, or cleats, broken side rails or other faulty equipment?			
	i. Are employees instructed not to use the top step of ordinary stepladders as a step?			
	j. When portable rung ladders are used to gain access to elevated platforms, roofs, etc., does the ladder always extend at least 3 feet above the elevated surface?			
	k. Is it required that when portable rung cleat type ladders are used, the base is so placed that slipping will not occur, or it is lashed or otherwise held in place?			
	l. Are portable metal ladders legibly marked with signs reading "CAUTION - Do Not Use Around Electrical Equipment" or equivalent wording?			
	m. Are employees prohibited from using ladders as guys, braces, skids, gin poles, or for other than their intended purposes?			
	n. Are employees instructed to only adjust extension ladders while standing at a base (not while standing on ladder or from a position above the ladder)?			
	o. Are metal ladders inspected for damage?			
	p. Are the rungs of ladders uniformly spaced at 12 inches, center to center?			
15. HAND TOOLS AND EQUIPMENT	a. Are all tools and equipment (both government and employee-owned) used by employees at their workplace?			
	b. Are hand tools such as chisels, punches, etc., which develop mushroomed heads during use, reconditioned or replaced as necessary?			
	c. Are broken or fractured handles on hammers, axes and similar equipment replaced promptly?			
	d. Are worn or bent wrenches replaced regularly?			
	e. Are appropriate handles used on files and similar tools?			
	f. Are employees made aware of the hazards caused by faulty or improperly used hand tools?			
	g. Are appropriate safety glasses, face shields, etc., used while using hand tools or equipment which might produce flying material or be subject to breakage?			
	h. Are jacks checked periodically to assure they are in good operating condition?			
	i. Are tool handles wedged tightly in the head of all tools?			
	j. Are tool cutting edges kept sharp so the tool will move smoothly without binding or skipping?			
	k. Are tools stored in dry, secure location where they won't be tampered with?			
	l. Is eye and face protection used when driving hardened or tempered spuds or nails?			

		YES	NO	N/A
16. PORTABLE (Power Operated) TOOLS AND EQUIPMENT	a. Are grinders, saws and similar equipment provided with appropriate machine guards?			
	b. Are power tools used with the correct shield, guard, or attachment, recommended by the manufacturer?			
	c. Are portable circular saws equipped with guards above and below the base shoe?			
	d. Are circular saw guards checked to assure they are not wedged up, thus leaving the lower portion of the blade unguarded?			
	e. Are rotating or moving parts of equipment guarded to prevent physical contact?			
	f. Are all cord-connected, electrically-operated tools and equipment effectively grounded or of the approved double insulated type?			
	g. Are effective guards in place over belts, pulleys, chains, and sprockets, on equipment?			
	h. Are portable fans provided with full guards or screens having openings one-half (1/2") inch or less?			
	i. Are ground-fault circuit interrupters provided on all temporary electrical 15 and 20 ampere circuits, used during periods of construction?			
	j. Are pneumatic and hydraulic hoses on power-operated tools checked regularly for deterioration or damage?			
17. ABRASIVE WHEEL EQUIPMENT - GRINDERS	a. Is the work rest used and kept adjusted to within one-eighth inch (1/8") of the wheel?			
	b. Is the adjustable tongue on the top side of the grinder used and kept adjusted to within one-fourth inch (1/4") of the wheel?			
	c. Do side guards cover the spindle, nut, and flange and 75 percent of the wheel diameter?			
	d. Are bench and pedestal grinders permanently mounted?			
	e. Is primary eye protection (<i>i.e.</i> , safety glasses, goggles) always worn when grinding? Is secondary protection (<i>faceshields</i>) worn when necessary?			
	f. Is the maximum RPM rating of each abrasive wheel compatible with the RPM rating of the grinder motor?			
	g. Are fixed or permanently mounted grinders connected to their electrical supply system with metallic conduit or other permanent wiring method?			
	h. Does each grinder have an individual on and off control switch?			
	i. Is each electrically operated grinder effectively grounded?			
	j. Before new abrasive wheels are mounted, are they visually inspected and ring tested?			
	k. Are dust collectors and powered exhausts provided on grinders used in operations that produce large amounts of dust?			
	l. Are splash guards mounted on grinders that use coolant to prevent the coolant reaching employees?			
18. POWDER ACTUATED TOOLS	a. Are employees who operate powder-actuated tools trained in their use and carry a valid operator's card?			
	b. Is each powder-actuated tool stored in its own locked container when not being used?			
	c. Is a sign at least 7 inches by 10 inches with bold face type reading "POWDER-ACTUATED TOOL IN USE" conspicuously posted when the tool is being used?			
	d. Are powder-actuated tools left unloaded until they are actually ready to be used?			
	e. Are powder-actuated tools inspected for obstructions or defects each day before use?			
	f. Do powder-actuated tool operators have and use appropriate personal protective equipment such as hard hats, safety goggles, safety shoes and ear protectors?			

	YES	NO	N/A
a. Is there a written training program to instruct employees on safe methods of machine operations?			
b. Is there adequate supervision to ensure that employees are following safe machine operating procedures?			
c. Is there regular program of safety inspection of machinery and equipment?			
d. Is all machinery and equipment kept clean and properly maintained?			
e. Is sufficient clearance provided around and between machines to allow for safe operations, set up and servicing, material handling and waste removal?			
f. Is equipment and machinery anchored when necessary to prevent tipping or other movement that could result in injury?			
g. Is there a power shut-off switch within reach of the operator's position at each machine?			
h. Can electric power to each machine be locked out for maintenance, repair, or security?			
i. Are foot-operated-switches guarded or arranged to prevent accidental actuation by personnel or falling objects?			
j. Are manually operated valves and switches controlling the operation of equipment and machines clearly identified and readily accessible?			
k. Are all emergency stop buttons colored red?			
l. Are all pulleys and belts that are within 7 feet of the floor or working level properly guarded?			
m. Are all moving chains and gears properly guarded?			
n. Are splash guards mounted on machines that use coolant to prevent the coolant from reaching employees?			
o. Are methods provided to protect the operator and other employees in the machine area from hazards created at the point of operation, ongoing nip points, rotating parts, flying chips, and sparks?			
p. Are machinery guards secure and so arranged that they do not offer a hazard in their use?			
q. If special hand tools are used for placing and removing material, do they protect the operator's hands?			
r. Are revolving drums, barrels, and containers required to be guarded by an enclosure that is interlocked with the drive mechanism, so that revolution cannot occur unless the guard enclosure is in place?			
s. Do arbors and mandrels have firm and secure bearings and are they play free?			
t. Are provisions made to prevent machines from automatically starting when power is restored after a power failure or shutdown?			
u. Are machines constructed so as to be free from excess vibration when the largest size tools is mounted and run at full speed?			
v. If machinery is cleaned with compressed air, is air pressure controlled and personal protective equipment or other safeguards utilized to protect operators and other workers from eye and body injury?			
w. Are fan blades protected with a guard having openings no larger than .5 inch, when operating within 7 feet of the floor?			
x. Are saws used for ripping, equipped with anti-kick back devices and spreaders?			
y. Are radial arm saws so arranged that the cutting head will gently return to the back of the table when released?			

19.
MACHINE
GUARDING

		YES	NO	N/A
20. LOCK-OUT / TAG-OUT PROCEDURES	a. Is all machinery or equipment capable of movement, required to be de-energized or disengaged and blocked or locked-out/tagged-out during cleaning, servicing, adjusting or setting up operations, whenever required?			
	b. Where the power disconnecting means for equipment does not also disconnect the electrical control circuit:			
	(1) Are the electrical enclosures identified?			
	(2) Is means provided to assure the control circuit can also be disconnected and locked-out?			
	c. Is the locking-out control in lieu of locking-out main power disconnects prohibited?			
	d. Are all equipment control valve handles provided with a means for locking-out?			
	e. Does the lock-out procedure require stored energy (<i>mechanical, hydraulic, air, etc.</i>)?			
	f. Are appropriate employees provided with individually keyed personal safety locks?			
	g. Are employees required to keep personal control of their key(s) while they have safety locks in use?			
	h. Is it required that only the employee exposed to the hazard, place or remove the safety lock?			
	i. Is it required that employees check the safety of the lock-out by attempting a start up after making sure no one is exposed?			
	j. Are employees instructed to always push the control circuit stop button prior to reenergizing the main power switch?			
	k. Is there a means provided to identify any or all employees who are working on lock-out equipment by their locks or accompanying tags?			
	l. Are a sufficient number of accident preventive signs or tags and safety padlocks provided for any reasonably foreseeable repair emergency?			
	m. When machine operations, configuration or size requires the operator to leave his or her control station to install tools or perform other operations, and that part of the machine could move if accidentally activated, is such element required to be separately locked or blocked out?			
n. In the event that equipment or lines cannot be shut down, locked-out and tagged, is a safe job procedure established and rigidly followed?				
21. WELDING, CUTTING AND BRAZING	a. Are only authorized and trained personnel permitted to use welding, cutting or brazing equipment?			
	b. Does each operator have a copy of the appropriate operating instructions and are they directed to follow them?			
	c. Are compressed gas cylinders regularly examined for obvious signs of defects, deep rusting, or leakage?			
	d. Is care used in handling and storage of cylinders, safety valves, relief valves, etc. to prevent damage?			
	e. Are precautions taken to prevent the mixture of air or oxygen with flammable gasses, except at a burner or in a standard torch?			
	f. Are only approved apparatus (<i>torches, regulators, pressure-reducing valves, acetylene generators, manifolds</i>) used?			
	g. Are cylinders kept away from sources of heat?			
	h. Are the cylinders kept away from elevators, stairs, or gangways?			
	i. Is it prohibited to use cylinders as rollers or supports?			
	j. Are empty cylinders appropriately marked and their valves closed?			
	k. Are signs reading: DANGER-NO SMOKING, MATCHES, OR OPEN LIGHTS, or the equivalent, posted?			

	YES	NO	N/A
l. Are cylinders, cylinder valves, couplings, regulators, hoses, and apparatus kept free of oily or greasy substances?			
m. Is care taken not to drop or strike cylinders?			
n. Unless secured on special trucks, are regulators removed and valve-protection caps put in place before moving cylinders?			
o. Do cylinders without fixed hand wheels have keys, handles, or non-adjustable wrenches on stem valves when in service?			
p. Are liquefied gases stored and shipped valve-end up with valve covers in place?			
q. Are provisions made to never crack a fuel-gas cylinder valve near sources of ignition?			
r. Before a regulator is removed, is the valve closed and gas released from the regulator?			
s. Is red used to identify the acetylene (and other fuel-gas) hose, green for oxygen hose, and black for inert gas and air hose?			
t. Are pressure-reducing regulators used only for the gas and pressures for which they are intended?			
u. Is open circuit (no load) voltage or arc welding and cutting machines as low as possible and not in excess of the recommended limits?			
v. Under wet conditions, are automatic controls for reducing no load voltage used?			
w. Is grounding of the machine frame and safety ground connections of portable machines checked periodically?			
x. Are electrodes removed from the holders when not in use?			
y. Is it required that electric power to the welder be shut off when no one is in attendance?			
z. Is suitable fire extinguishing equipment available for immediate use?			
aa. Is the welder forbidden to coil or loop welding electrode cable around his body?			
bb. Are wet machines thoroughly dried and tested before being used?			
cc. Are work and electrode lead cables frequently inspected for wear and damage, and replaced when needed?			
dd. Do means for connecting cable lengths have adequate insulation?			
ee. When the object to be welded cannot be moved and fire hazards cannot be removed, are shields used to confine heat, sparks, and slag?			
ff. Are fire watchers assigned when welding or cutting is performed in locations where a serious fire might develop?			
gg. Are combustible floors kept wet, covered by damp sand, or protected by fire-resistant shields?			
hh. When floors are wet down, are personnel protected from possible electrical shock?			
ii. When welding is done on metal walls, are precautions taken to protect combustibles on the other side?			
jj. Before hot work is begun, are used drums, carrels, tanks, and other containers so thoroughly cleaned that no substances remain that could explode, ignite, or produce toxic vapors?			
kk. Is it required that eye protection helmets, hand shields and goggles meet appropriate standards?			
ll. Are employees exposed to the hazards created by welding, cutting, or brazing operations protected with personal protective equipment and clothing?			
mm. Is a check made for adequate ventilation in and where welding or cutting is performed?			
nn. When working in confined places, are environmental monitoring tests taken and means provided for quick removal of welders in case of an emergency?			

		YES	NO	N/A
22. COMPRESSORS AND COMPRESSED AIR	a. Are compressors equipped with pressure relief valves, and pressure gauges?			
	b. Are compressor air intakes installed and equipped so as to ensure that only clean uncontaminated air enters the compressor?			
	c. Are air filters installed on the compressor intake?			
	d. Are compressors operated and lubricated in accordance with the manufacturer's recommendations?			
	e. Are safety devices on compressed air systems checked frequently?			
	f. Before any repair work is done on the pressure system of a compressor, is the pressure bled off and the system locked-out?			
	g. Are signs posted to warn of the automatic starting feature of the compressor?			
	h. Is the belt drive system totally enclosed to provide protection for the front, back, top, and sides?			
	i. Is it strictly prohibited to direct compressed air towards a person?			
	j. Are employees prohibited from using highly compressed air for cleaning purposes?			
	k. If compressed air is used for cleaning off clothing, is the pressure reduced to less than 10 psi?			
	l. When using compressed air for cleaning, do employees wear protective chip guarding and personal protective equipment?			
	m. Are safety chains or other suitable locking devices used at couplings of high pressure hose lines where a connection failure would create a hazard?			
	n. Before compressed air is used to empty containers of liquid, is the safe working pressure of the container checked?			
	o. When compressed air is used with abrasive blast cleaning equipment, is the operating valve a type that must be held open manually?			
	p. When compressed air is used to inflate auto tires, is a clip-on chuck and an in-line regulator preset to 40 psi required?			
23. COMPRESSED GAS CYLINDERS	q. Is it prohibited to use compressed air to clean up or move combustible dust if such action could cause the dust to be suspended in the air and cause a fire or explosion hazard?			
	a. Are compressed gas cylinders individually secured to a rigid, permanent fixture in an upright position?			
	b. Are valve covers in place for full and empty cylinders?			
	c. Are status tags (FULL, IN USE, EMPTY) attached to the valves and fully visible?			
	d. Is each cylinder stamped with a hydrostatic test date within the past 5 years?			
	e. Are the contents clearly identified with stencils or labels?			
	f. Are MSDSs readily available?			
	g. Are the valves and gauges in good condition?			
	h. Are cylinder hand carts available for moving the cylinders?			
	i. Are empty cylinders stored separately from those that are full?			
	j. Are oxidizers, flammables, and toxics segregated from one another?			
	k. Are any empty cylinders reading less than 25 psig?			
	l. Are cylinders stored in a cool, dry place away from heat, open flames, and sparks?			

		YES	NO	N/A
23. COMPRESSED GAS CYLINDERS (continued)	m. Are cylinders located or stored areas where they will not be damaged by passing or falling objects or subjects to tampering by unauthorized persons?			
	n. Are cylinders stored or transported in a manner to prevent them creating a hazard by tipping, falling or rolling?			
	o. Are all valves closed off before a cylinder is moved, when the cylinder is empty, and at the completion of each job?			
24. HOIST AND AUXILIARY EQUIPMENT	a. Is each overhead electric hoist equipped with a limit device to stop the hook travel at its highest and lowest point of safe travel?			
	b. Will each hoist automatically stop and hold any load up to 125 percent of its rated load, if its actuating force is removed?			
	c. Is the rated load of each hoist legibly marked and visible to the operator?			
	d. Are stops provided at the safe limits of travel for trolley hoist?			
	e. Are the controls of hoist plainly marked to indicate the direction of travel or motion?			
	f. Is each cage-controlled hoist plainly marked to indicate the direction of travel or motion?			
	g. Are close-fitting guards or other suitable devices installed on hoist to assure hoist ropes will be maintained in the sheave grooves?			
	h. Are all hoist chains or ropes of sufficient length to handle the full range of movement of the application while still maintaining two full wraps on the drum at all times?			
	i. Are nip points or contact points between hoist ropes and sheaves which are permanently located within seven feet of the floor, ground or working platform, guarded?			
	j. Is it prohibited to use chains or rope slings that are kinked or twisted?			
	k. Is it prohibited to use chains or rope or chain wrapped around the load as a substitute, for a sling?			
	l. Is the operator instructed to avoid carrying loads over people?			
25. INDUSTRIAL TRUCKS- FORKLIFTS	a. Are only employees who have been trained in the proper use of hoists allowed to operate them?			
	b. Are only trained personnel allowed to operate industrial trucks?			
	c. Is substantial overhead protective equipment provided on height lift rider equipment?			
	d. Are the required lift truck operating rules posted and enforced?			
	e. Is directional lighting provided on each industrial truck that operates in an area with less than 2 foot candles per square foot of general lighting?			
	f. Does each industrial truck have a warning horn, whistle, gong, or other device which can be clearly heard above the normal noise in the areas where operated?			
	g. Are the breaks on each industrial truck capable of bringing the vehicle to a complete and safe stop when fully loaded?			
	h. Will the industrial trucks' parking brake effectively prevent the vehicle from moving while unattended?			
	i. Are industrial trucks operating in areas where flammable gases or vapors, or combustible dust or ignitable fibers may be present in the atmosphere, approved for such locations?			
	j. Are motorized hand and hand/rider trucks so designed that the brakes are applied, and power to the drive motor shuts off when the operator releases his or her grip on the device that controls the travel?			
	k. Are industrial trucks with internal combustion engine, operated in buildings or enclosed areas, carefully checked to ensure such operations do not cause harmful concentration of dangerous gases or fumes?			

		YES	NO	N/A
26. SPRAYING OPERATIONS	a. Is adequate ventilation assured before spray operations are started?			
	b. Is mechanical ventilation provided when spraying operations are done in enclosed areas?			
	c. When mechanical ventilation is provided during spraying operations, is it so arranged that it will not circulate the contaminated air?			
	d. Is the spray area free of hot surfaces?			
	e. Is the spray area at least 20 feet from flames, sparks, operating electrical motors and other ignition sources?			
	f. Are portable lamps use to illuminate spray areas suitable for use in a hazardous location?			
	g. Is approved respiratory equipment provided and used when appropriate during spraying operations?			
	h. Do solvents used for cleaning have a flash point to 100 degrees F or more?			
	i. Are fire control sprinkler heads kept clean?			
	j. Are "NO SMOKING" signs posted in spray areas, paint room, paint booths, and paint storage areas?			
	k. Is the spray area kept clean of combustible residue?			
	l. Are spray booths constructed of metal, masonry, or other substantial noncombustible material?			
	m. Are spray booth floors and walls noncombustible and easily cleaned?			
	n. Is infrared drying apparatus kept out of the spray area during spraying operations?			
	o. Is the spray booth completely ventilated before using the drying apparatus?			
	p. Is the electric drying apparatus properly grounded?			
	q. Are lighting fixtures for spray booths located outside of the booth and the interior lighting through sealed clear panels?			
	r. Are the electric motors for exhaust fans placed outside booths or ducts?			
	s. Are belts and pulleys inside the booth fully enclosed?			
	t. Do ducts have access doors to allow cleaning?			
	u. Do all drying spaces have adequate ventilation?			
27. CONFINED SPACES	a. Are confined spaces thoroughly emptied of any corrosive or hazardous substances, such as acids or caustics, before entry?			
	b. Are all lines to a confined space, containing inert, toxic, flammable, or corrosive materials valved off and blanked or disconnected and separately before entry?			
	c. Is it required that all impellers, agitators, or other moving equipment inside confined spaced to be locked-out if they present a hazard?			
	d. Is either natural or mechanical ventilation provided prior to confined space entry?			
	e. Are appropriate atmosphere tests performed to check for Oxygen deficiency, toxic substances and explosive concentrations in the confined space before entry?			
	f. Is adequate illumination provided for the work to be performed in the confined space?			
	g. Is the atmosphere inside the confined space frequently tested or continuously monitored during conduct of work?			

		YES	NO	N/A
27. CONFINED SPACES (continued)	h. Is there an assigned safety standby employee outside of the confined space, when required, whose sole responsibility is to watch the work in progress, sound an alarm if necessary, and render assistance?			
	i. Is the standby employee appropriately trained and equipped to handle an emergency?			
	j. Is the standby employee or other employees prohibited from entering the confined space without lifelines and respiratory equipment if there is any question as to the cause of an emergency?			
	k. Is approved respiratory equipment required if the atmosphere inside the confined space cannot be made acceptable?			
	l. Is all portable electrical equipment used inside confined spaces either grounded and insulated, or equipped with ground fault protection?			
	m. Before gas welding or burning is started in a confined space, are hoses checked for leaks, compressed gas bottles forbidden inside of the confined space, torches light only outside of the confined area and the confined area tested for an explosive atmosphere each time before a lighted torch is to be taken into the confined space?			
	n. If employees will be using oxygen-consuming equipment such as salamanders, torches, furnaces, etc., in a confined space, is sufficient air provided to assure combustion with reducing the oxygen concentration of the atmosphere below 19.5 percent volume?			
	o. Whenever combustion-type equipment is used in confined space, are provisions made to ensure the exhaust gases are vented outside of the enclosure?			
	p. Is each confined space checked for decaying vegetation or animal matter which may produce methane?			
	q. Is the confined space checked for possible industrial waste which could contain toxic properties?			
28. ENVIRONMENTAL CONTROLS	r. If the confined space is below the ground and near areas where motor vehicles will be operating, is it possible for vehicles exhaust or carbon monoxide to enter the space?			
	a. Are all work areas properly illuminated?			
	b. Are employees instructed in proper first aid and other emergency procedures?			
	c. Are hazardous substances identified which may cause harm by inhalation, ingestion, skin absorption or contact?			
	d. Are employees aware of the hazards involved with the various chemicals they may be exposed to in their work environment, such as ammonia, chlorine, epoxies, caustics, etc?			
	e. Is employee exposure to chemicals in the workplace kept within acceptable levels?			
	f. Can a less harmful method or product be used?			
	g. Is the work area's ventilation system appropriate for the work being performed?			
	h. Are spray painting operations done in spray rooms or booths equipped with an appropriate exhaust system?			
	i. Is employee exposure to air contaminants controlled by ventilation or other means?			
	j. If forklifts and other vehicles are used in buildings or other enclosed areas, are the carbon monoxide levels kept below maximum acceptable concentration?			
	k. Has there been a determination that noise levels in the facilities are within acceptable levels?			
	l. Are steps being taken to use engineering controls to reduce excessive noise levels?			
	m. Is asbestos and other fibrous materials only identified, sampled, and removed by competent Agency personnel or a licensed contractor?			
	n. Are wet methods used, when practicable, to prevent the emission of airborne fibers, silica dust and similar hazardous materials?			

		YES	NO	N/A
28. ENVIRONMENTAL CONTROLS	o. Is vacuuming with appropriate equipment used whenever possible rather than blowing or sweeping dust?			
	p. Are grinders, saws, and other machines that produce respirable dusts vented to an industrial collector or central exhaust system?			
	q. Are all local exhaust ventilation systems designed and operating properly such as air flow and volume necessary for the application, ducts not plugged or belts slipping?			
	r. Is personal protective equipment provided, used and maintained wherever required?			
	s. Are there written standard operating procedures for the selection and use of respirators where needed?			
	t. Are restrooms and washrooms kept clean and sanitary?			
	u. Is all water provided for drinking, washing, and cooking potable?			
	v. Are all outlets for water not suitable for drinking clearly identified?			
	w. Are employee's physical capabilities assessed before being assigned to jobs requiring heavy work?			
	x. Are employees instructed in the proper manner of lifting?			
	y. Where heat is a problem, have all fixed work areas been provided with spot cooling or air conditioning?			
	z. Are employees screened before assignment to areas of high heat to determine if their health condition might make them more susceptible to having an adverse reaction?			
	aa. Are employees working on streets and roadways where they are exposed to the hazards of traffic, required to wear bright colored (traffic orange) warning vests?			
	bb. Are exhaust stacks and air intakes so located that contaminated air will not be recirculated within a building or other enclosed area?			
	cc. Is equipment producing ultra-violet radiation properly shielded?			
29. FLAMMABLE AND COMBUSTIBLE MATERIALS	a. Are combustible scrap, debris and waste materials (oily rags, etc.) stored in covered metal receptacles and removed from the worksite promptly?			
	b. Are proper storage practices used to minimize the risk of fire including spontaneous combustion?			
	c. Are approved containers and tanks used for the storage and handling of flammable and combustible liquids?			
	d. Are all connections on drums and combustible liquid piping, vapor and liquid tight?			
	e. Are all flammable liquids kept in closed containers when not in use (e.g., parts, cleaning tanks, cans, etc.)?			
	f. Are bulk drums of flammable liquids grounded and bonded to containers during dispensing?			
	g. Do storage rooms for flammable and combustible liquids have explosion-proof lights?			
	h. Do storage rooms for flammable and combustible liquids have mechanical or gravity ventilation?			
	i. Is liquefied petroleum gas stored, handled, and used according to safe practices and standards?			
	j. Are "No Smoking Signs" posted on liquefied petroleum gas tanks?			
	k. Are liquefied petroleum storage tanks guarded to prevent damage from vehicles?			
l. Are all solvent wastes, and flammable liquids kept in fire-resistant, covered containers until they are removed from the worksite?				
m. Is vacuuming used whenever possible rather than blowing or sweeping combustible dust?				

		YES	NO	N/A
29. FLAMMABLE AND COMBUSTIBLE MATERIALS <i>(continued)</i>	n. Are firm separators placed between containers of combustibles or flammable, when stocked on upon another, to assure their support and stability?			
	o. Are fuel gas cylinders and oxygen cylinders separated by distance, fire resistance barriers, etc. while in storage?			
	p. Are fire extinguishers selected and provided for the types of materials in areas where they are to be used?			
	(1) Class A - Ordinary combustible material fires.			
	(2) Class B - Flammable liquid, gas or grease fires.			
	(3) Class C - Energized-electrical equipment fires.			
	q. Are appropriate fire extinguishers mounted within 75 feet of outside areas containing flammable liquids, and within 10 feet of any inside storage area for such materials?			
	r. Are extinguishers free from obstructions or blockage?			
	s. Are extinguishers serviced, maintained and tagged at intervals not to exceed one year?			
	t. Are all extinguishers fully charged and in their designated places?			
	u. Where sprinkler systems are permanently installed, are the nozzle heads so directed or arranged that water will not be sprayed into operating electrical switch boards and equipment?			
	v. Are "NO SMOKING" signs posted where appropriate in areas where flammable or combustible materials are used or stored?			
	w. Are safety cans used for dispensing flammable or combustible liquids at a point of use?			
	x. Are all spills of flammable or combustible liquids cleaned up promptly?			
	y. Are storage tanks adequately vented to prevent the development of excessive vacuum or pressure as a result of filling, emptying, or atmosphere temperature changes?			
	z. Are storage tanks equipped with emergency venting that will relieve excessive internal pressure caused by fire exposure?			
aa. Are "NO SMOKING" rules enforced in area involving storage and use of hazardous materials?				
30. HAZARDOUS CHEMICAL EXPOSURE	a. Are employees trained in the safe handling practices of hazardous chemicals such as acids, bases, caustics, etc.?			
	b. Are employees aware of the potential hazards involving various chemicals stored or used in the workplace such as acids, bases, caustics, epoxies, phenols, etc.?			
	c. Is employee exposure to chemicals kept within acceptable levels?			
	d. Are eye wash fountains and safety showers provided in areas where corrosive chemicals are handled?			
	e. Are all containers, such as vats, storage tanks, etc., labeled as to their contents, e.g., "CAUSTICS"?			
	f. Are all employees required to use personal protective clothing and equipment when handling chemicals (gloves, eye protective, respirators, etc.)?			
	g. Are flammable or toxic chemicals kept in closed containers when not in use?			
	h. Are chemical piping systems clearly marked as to their content?			
	i. Where corrosive liquids are frequently handled in open containers or drawn from storage vessels or pipe lines, are adequate means readily available for neutralizing or disposing of spills or overflows properly and safely?			

		YES	NO	N/A
30. HAZARDOUS CHEMICAL EXPOSURE (continued)	j. Have written standard operating procedures been established and posted? Are they being followed when cleaning up chemical spills?			
	k. Are employees prohibited from eating in areas where hazardous chemicals are present?			
	l. Is personal protective equipment provided, used and maintained whenever necessary?			
	m. Are there written standard operating procedures for the selection and use of respirators where needed?			
	n. Have control procedures been instituted for hazardous materials, where appropriate, such as respirators, ventilation systems, handling practices, etc.?			
	o. Whenever possible are hazardous substances handled in properly designed and exhausted booths or similar locations?			
	p. Do you use general dilution or local exhaust ventilation systems to control dusts, vapors, gases, fumes, smoke, solvents or mists which may be generated in your workplace?			
	q. Is ventilation equipment provided for removal of contaminants from such operations as: Production grinding, buffing, spray painting, and/or vapor degreasing, and is it operating properly?			
	r. Do employees complain about dizziness, headaches, nausea, irritation, or other factors of discomfort when they use solvents or other chemicals?			
	s. Is there a dermatitis problem? Do employees complain about dryness, irritation, or sensitization of the skin?			
	t. Have you considered the use of an industrial hygienist, safety engineer or medical personnel to evaluate your operation?			
	u. If internal combustion engines are used, is carbon monoxide kept within acceptable levels?			
	v. Is vacuuming used, rather than blowing or sweeping dusts whenever possible for clean-up?			
	w. Are materials which give off toxic asphyxiant, suffocating or anesthetic fumes, stored in remote or isolated locations when not in use?			
31. HAZARD COMMUNICATION	a. Is there an inventory of hazardous substances used in your workplace?			
	b. Is there a written hazard communication program dealing with Material Safety Data Sheets (MSDS), labeling, and employee training?			
	c. Does the plan cover the following topics:			
	(1) Compliance with NSA Technical Guide 20?			
	(2) Labeling and warning plans?			
	(3) Method for obtaining Material Safety Data Sheets (MSDS's)?			
	(4) Method for providing MSDS's to employees?			
	(5) Method for providing training and information?			
	(6) A list of toxic chemicals, cross-referenced to the MSDS's?			
	(7) Communication of hazards from unlabeled pipes?			
	(8) Method of informing contractors of hazards?			
	d. Do supervisors understand the plan, all aspects covered in training, and their responsibilities?			
	e. Is each container for a hazardous substance (i.e., vats, bottles, storage tanks, etc.) labeled with product identity and a hazard warning (communication of the specific health hazards and physical hazards)?			

		YES	NO	N/A
31. HAZARD COMMUNICATION (continued)	f. Is there a Material Safety Data Sheet, cross referenced to the hazardous substance inventory readily available for each hazardous substance used?			
	g. Is there an employee training program for hazardous substances?			
	h. Does this program include:			
	(1) An explanation of what an MSDS is and how to use and obtain one?			
	(2) MSDS contents for each hazardous substance or class of substance?			
	(3) Explanation of "Right to Know?"			
	(4) Identification of where an employee can see the employers written hazard communication program and where hazardous substances are present in their work areas?			
	(5) The physical and health hazards of substances in the work areas, and specific protective measures to be used?			
	(6) Details of the hazard communication program, including how to use the labeling system and MSDS's?			
	(7) Methods of detecting the presence of chemical hazards?			
	(8) Exposure symptoms and treatment?			
	i. Are training records maintained in a central location?			
	j. Has management performed operational reviews to determine hazards, and evaluated and documented the findings?			
	k. Do labels and placards exist, and correspond to MSDS's?			
	l. Are waste receptacles and containers labeled properly?			
	m. Are their appropriate PPE provided, easily available, and used?			
	n. Are all materials and chemicals stored in a safe manner?			
	o. Are observable workplace operations appropriate?			
	p. Do workers know:			
	(1) The location of the HAZCOM plan?			
	(2) Hazard exposure symptoms?			
	(3) Preliminary treatment for exposure to the chemicals in the workplace?			
32. ELECTRICAL	a. Do employees review the manufacturers manuals or guides before electrical equipment is used?			
	b. Are all employees required to report as soon as practicable any obvious hazard to life or property observed in connection with electrical equipment?			
	c. Are employees instructed to make preliminary inspections and/or appropriate tests to determine what conditions exist before starting work on electrical equipment or lines?			
	d. When electrical equipment or lines are to be serviced, maintained or adjusted, are necessary switches opened, locked-out and tagged whenever possible?			
	e. Are portable electrical tools and equipment grounded or of the double insulated type?			
	f. Are electrical appliances such as vacuum cleaners, polishers, vending machines, etc., grounded?			
	g. Do extension cords being used have a grounding conductor?			
	h. Are multiple plug adapters prohibited?			
	i. Are ground-fault circuit interrupters installed on each temporary 15 or 20 ampere, 120 volt AC circuit at locations where construction, demolition, modifications, alternations or excavations are being performed?			

	YES	NO	N/A
j. Are all temporary circuits protected by suitable disconnecting switches or plug connectors at the junction with permanent wiring?			
k. Do you have electrical installations in hazardous dust or vapor areas? If so, do they meet the National Electrical Code (NEC) for hazardous locations?			
l. Is exposed wiring and cords with frayed or deteriorated insulation repaired or replaced promptly?			
m. Are flexible cords and cables free of splices or taps?			
n. Are clamps or other securing means provided on flexible cords or cables at plugs, receptacles, tools, equipment, etc., and is the cord jacket securely held in place?			
o. Are all cord, cable and raceway connections intact and secure?			
p. In wet or damp locations, are electrical tools and equipment appropriate for the use or location or otherwise protected?			
q. Is the location of electrical power lines and cables (overhead, underground, underfloor, other side of walls, etc.) determined before digging, drilling, or similar work is begun?			
r. Are metal measuring tapes, ropes, handlines or similar devices with metallic thread woven into the fabric prohibited where they could come in contact with energized parts of equipment or circuit conductors?			
s. Is the use of metal ladders prohibited in areas where the ladder or the person using the ladder could come in contact with energized part of equipment, fixtures or circuit conductors?			
t. Are all disconnecting switches and circuit breakers labeled to indicate their use or equipment served?			
u. Are disconnecting means always opened before fuses are replaced?			
v. Do all interior wiring systems include provisions for grounding metal parts of electrical raceways, equipment and enclosures?			
w. Are all electrical raceways and enclosures securely fastened in place?			
x. Are all energized parts of electrical circuits and equipment guarded against accidental contact by approved cabinets or enclosures?			
y. Is sufficient access and working space provided and maintained about all electrical equipment to permit ready and safe operations and maintenance?			
z. Are unused openings (including conduit knockouts) in electrical enclosures and fittings closed with tight-fitting covers or plates?			
aa. Are electrical enclosures such as switches, receptacles, junction boxes, etc., provided with tight-fitting covers or plates?			
bb. Are disconnecting switches for electrical motors in excess of two horsepower, capable of opening the circuit when the motor is in a stalled condition, without exploding? <i>(Switches must be horsepower rated equal to or in excess of the motor hp rating.)</i>			
cc. Is low voltage protection provided in the control device of motors driving machines or equipment which could cause probable injury from inadvertent starting?			
dd. Is each motor disconnecting switch or circuit breaker located within sight of the motor control device?			
ee. Is each motor located within sight of its controller or the controller disconnecting means capable of being locked in the open position or is a separate disconnecting means installed in the circuit within sight of the motor?			
ff. Is the controller for each motor in excess of two horsepower, rated in horsepower equal to or in excess of the rating of the motor it serves?			
gg. Are employees who regularly work on or around energized electrical equipment or lines instructed in the cardio-pulmonary resuscitation (CPR) methods?			
hh. Are employees prohibited from working alone on energized line or equipment over 600 volts?			

32.
ELECTRICAL
(continued)

		YES	NO	N/A
32. ELECTRICAL (continued)	ii. Has the equipment been approved by a nationally recognized testing laboratory?			
	jj. Is the equipment being used for its intended use?			
	kk. Are emergency shut off methods available?			
	ll. Are contingencies in effect for action once an electric shock or electrocution has occurred?			
	mm. Is there a possibility of damage from vehicles or personnel operating around the equipment?			
	nn. Is a clear three foot work area around or in front of the equipment?			
	oo. Could accumulations of surface water, rainfall, snow or ice adversely effect the safety of the persons using electrical equipment?			
	pp. Are the live parts of electrical equipment, 8 feet or less above the floor level guarded by approved cabinets or other forms of approved enclosures?			
	qq. In location where electrical equipment would be exposed to physical damage, are enclosures or guards arranged and of such strength as to prevent any damage?			
	rr. Are entrances to rooms and other guarded locations containing exposed live parts conspicuously marked with standard warning signs forbidding unauthorized persons to enter?			
	ss. Are the overcurrent devices readily accessible to each employee or authorized building management personnel?			
	tt. Do all circuit breakers clearly indicate whether they are in the open (OFF) or closed (ON) position?			
	uu. Are the circuits for each circuit breaker identified?			
	vv. Are all grounding conductors clearly identified and maintained?			
	ww. Do all exposed non-current carrying metal parts of equipment have a grounding conductor?			
	xx. Are all Class I liquids dispensed into containers electrically interconnected with a bonding wire?			
	yy. Have all electrically operated equipment been reviewed for methods to control the electrical current by means of physically locking the supply circuits in open position and draining off any stored energy?			
	zz. Are energy control locking devices available for use?			
	1. Have all persons affected by electrical equipment energy control program been trained?			
33. RADIATION SAFETY	a. Does the user have a copy of the Agency's written program, Technical Guide 15?			
	b. Has the Agency RPO performed a survey of the operation during the past year?			
	c. Are survey reports, special evaluations, and inspection records on file?			
	d. Are there any outstanding abatement requirements from the most recent survey?			
	e. Do you maintain an up-to-date inventory of ionizing radiation-producing devices?			
	f. Have dosimeters stored in a location approved by the NSA Radiation Protection Officer with a "control badge"?			
	g. Do you provide dosimeters for each authorized user?			
	h. Are dosimeters stored in a location approved by the NSA Radiation Protection Officer with a "control badge"?			
	i. Do you forward a copy of your dosimetry records to the Agency RPO?			
	j. Has every authorized user and persons who frequent areas where sources are used attended CD-E42 through the NCS during the past 12 months?			
	k. Has every authorized radiation source user received device-specific user training?			
	l. Are radiation protection SOPs published and enforced?			

		YES	NO	N/A
33. RADIATION SAFETY (continued)	m. Have all female users been provided a copy of NRC Guide 8.13, Instructions Concerning Prenatal Radiation Exposure?			
	n. Are all radioactive materials and devices labeled in accordance with the Technical Guide 15?			
	o. Are all radiation sources secured to prevent unauthorized use?			
34. NOISE	a. Are there areas in the workplace where continuous noise levels exceed 85dBA?			
	b. Is there an ongoing preventative health program to educate employees in: safe levels of noise, exposures; effects of noise on their health; and the use of personal protection?			
	c. Have work areas where noise levels make voice communication between employees difficult been identified and posted?			
	d. Are noise levels being measured using a sound level meter or an octave band analyzer and records being kept?			
	e. Have engineering controls been used to reduce excessive noise levels? Where engineering controls are determined to not be feasible, are administrative controls (i.e., worker rotation) being used to minimize individual employee exposure to noise?			
	f. Is approved hearing protective equipment (noise attenuating devices) available to every employee working in noisy areas?			
	g. Have you tried isolating noisy machinery from the rest of your operation?			
	h. If you use ear protectors, are employees properly fitted and instructed in their use?			
	i. Are employees in high noise areas given periodic audiometric testing to ensure that you have an effective hearing protection system?			
35. FUELING	a. Is it prohibited to fuel an internal combustion engine with a flammable liquid while the engine is running?			
	b. Are fueling operations done in such a manner that likelihood of spillage will be minimal?			
	c. When spillage occurs during fueling operations, is the spilled fuel washed away completely, evaporated, or other measures taken to control vapors before restarting the engine?			
	d. Are fuel tank caps replaced and secured before starting the engine?			
	e. In fueling operations, is there always metal contact between the container and the fuel tank?			
	f. Are fueling hoses of a type designed to handle the specific type of fuel?			
	g. Is it prohibited to handle or transfer gasoline in open containers?			
	h. Are open lights, open flames, or sparking, or arcing equipment prohibited near fueling or transfer of fuel operations?			
36. IDENTIFICATION OF PIPING SYSTEMS	a. When nonpotable water is piped through a facility, are outlets or tags posted to alert employees that it is unsafe and not to be used for drinking, washing or other personal use?			
	b. When hazardous substances are transported through above ground piping, is each pipeline identified at points where confusion could introduce hazards to employees?			
	c. When pipelines are identified by color painting, are visible parts of the line so identified?			
	d. When pipelines are identified by color painted bands or tapes, are the bands or tapes located at reasonable intervals and at each outlet, valve or connection?			
	e. When pipelines are identified by color, is the color code posted at all locations where confusion could introduce hazards to employees?			
	f. When the contents of pipelines are identified by name or name abbreviation, is the information readily visible on the pipe near each valve or outlet?			
	g. When pipelines carrying hazardous substances are identified by tags, are the tags constructed of durable materials, the message carried clearly and permanently distinguishable and are tags installed at each valve or outlet?			
	h. When pipelines are heated by electricity, steam or other external source, are suitable warning signs or tags placed at unions, valves, or other serviceable part of the system?			

		YES	NO	N/A
37. MATERIAL HANDLING	a. Is there safe clearance for equipment through aisles and doorways?			
	b. Are aiseways designated, permanently marked, and kept clear to allow unhindered passage?			
	c. Are motorized vehicles and mechanized equipment inspected daily or prior to use?			
	d. Are vehicles shut off and brakes set prior to loading or unloading?			
	e. Are containers of combustibles or flammables, when stacked while being moved, always separated by dunnage sufficient to provide stability?			
	f. When loading or unloading operations are taking place between vehicles and docks, are dock boards (bridge plates) used?			
	g. Are trucks and trailers secured from movement during loading and unloading operations?			
	h. Are dock plates and loading ramps constructed and maintained with sufficient strength to support imposed loading?			
	i. Are hand trucks maintained in safe operating condition?			
	j. Are chutes equipped with sideboards of sufficient height to prevent the materials being handled from falling off?			
	k. Are chutes and gravity roller sections firmly placed or secured to prevent displacement?			
	l. At the delivery end of the rollers or chutes, are provisions made to brake the movement of the handled materials?			
	m. Are pallets usually inspected before being loaded or moved?			
	n. Are hooks with safety latches or other arrangements used when hoisting materials so that slings or load attachments won't accidentally slip off the hoist hooks?			
	o. Are securing chains, ropes, chokers or slings adequate for the job to be performed?			
	p. When hoisting material or equipment, are provisions made to assure no one will be passing under the suspended loads?			
	q. Are material safety data sheets available to employees handling hazardous substances?			
38. TRANSPORTING EMPLOYEES AND MATERIALS	a. Do employees who operate vehicles on public thoroughfares have valid operator's licenses?			
	b. When seven or more employees are regularly transported in a van, bus or truck, is the operator's license appropriate for the class of vehicle driven?			
	c. Is each van, bus or truck used regularly to transport employees, equipped with an adequate number of seats?			
	d. When employees are transported by truck, are provisions provided to prevent their falling from the vehicle?			
	e. Are vehicles used to transport employees equipped with lamps, brakes, horns, mirrors, windshields and turn signals in good repair?			
	f. Are transport vehicles provided with handrails, steps, stirrups or similar devices, so placed and arranged that employees can safely mount or dismount?			
	g. Are employees transport vehicles equipped at all times with at least two reflective type flares?			
	h. Is a full charged fire extinguisher, in good condition, with at least 4 B:C rating maintained in each employee transport vehicle?			
	i. When cutting tools or tools with sharp edges are carried in passenger compartments of employee transport vehicles, are they placed in closed boxes or containers which are secured in place?			
	j. Are employees prohibited from riding on top of any load which can shift, topple, or otherwise become unstable?			
39. TIRE INFLATION	a. Where tires are mounted and/or inflated on drop center wheels, is a safe practice procedure posted and enforced?			
	b. Where tires are mounted and/or inflated on wheels with split rims and/or retainer rings, is a safe practice procedure posted and enforced?			

		YES	NO	N/A
40. VDT/ WORKSTATION ERGONOMICS	a. Are the monitor/documents positioned too high or too low?			
	b. Are the monitor/documents positioned too far away (14"-22")?			
	c. Are the monitor/documents height adjustable?			
	d. Are the monitor/documents difficult to see/read?			
	e. Is the ambient light too bright or too dim?			
	f. If task lighting is needed, is it available?			
	g. Is glare visible on the monitor?			
	h. Does the operator face an uncovered window or uncovered lightsource?			
	i. Is the work surface too crowded or too small?			
	j. Is the keyboard or work surface too high or too low?			
	k. Does the work surface and keyboard angle or orientation cause non-neutral wrist positions?			
	l. Does the hand and wrist rest on hard or sharp edges?			
	m. Does the hand and wrist rest on a palm rest while keying?			
	n. Does the work area restrict body movement?			
	o. Does the work area cause the employee to reach, twist, bend or awkward positions?			
	p. Are anti-fatigue mats, footrails or footrests provided when needed?			
	q. Does the chair/seating have a backrest separate from the seat pan?			
	r. Does the chair/seating have adjustable lumbar support?			
	s. Does the chair/seating have adjustable seat height?			
	t. Does the chair/seating have adjustable armrest if required?			
u. Is the room temperature too hot or too cold?				
v. Do the walls or dividers minimize noise?				
w. Is the workstation located in a crowded area?				
x. Is the workstation separated from aisles and walkways?				

Occupational Safety and Health Program SELF-INSPECTION RECORD

BUILDING	ROOM NO	ORGANIZATION
SUPERVISOR (Last)	(First)	(Mi) PHONE (Secure) (Non-Secure)
OSH REPRESENTATIVE (Last)	(First)	(Mi) PHONE (Secure) (Non-Secure)

SECTION	ITEM	RISK ASSESSMENT CODE	UNSAFE CONDITION	REQUIRED CORRECTIVE ACTION	DATE CORRECTED

SIGNATURE	DATE
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FORM D6936 REV FEB 2002 (Supersedes D6936 AUG 2000 which is obsolete)

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

SENIOR TECHNICAL DEVELOPMENT PROGRAM (STDP) APPLICATION

GENERAL INFORMATION

(Ref: NSA/CSS Reg. NP. 25-04, dated 12 July 1993)

THE PROGRAM

The goal of NSA's Senior Technical Development Program (STDP) is to increase skills of NSA's leaders in the technical disciplines so their expertise can be brought to bear with increased effectiveness on NSA's major problems. Additionally, the program is also open to leaders in other selected professional disciplines. To this end, the program provides for each participant a tailored program to intensify and accelerate the development of technical or professional and leadership skills and to broaden exposure to major organizational challenges.

Each participant works with two advisors who will be from the senior technical and senior executive ranks to design a development plan *(based on a program proposed in the participant's application)*. The program is individually designed to meet the goals of the participant and to meet needs of NSA in the participant's field of expertise.

The target length for the program is three years; participants will spend at least 50% of their time, overall, in STDP activities. Participants remain assigned to their parent organizations while in the program. Participants will be expected to develop technical leadership skills as part of their program, in support of Agency issues/goals.

ELIGIBILITY

All DISLs, all GG-15's and only those GG-13/14's who are titled Master in the Technical Track, are eligible to apply. Additionally, Directorate or Field Chiefs may submit high-potential GG-14's for the STDP.

APPLICATION PROCESS

Complete the Applicant Information and Section I of the application. The purpose of the application form is to allow the Senior Technical Review Panel (STRP) to form an opinion as to the applicant's qualifications and ability to actually carry out a program leading to the announced goal. Applicants will not necessarily be held to the specifics of their program as described, so you do not have to spell it out in great detail. However, please give the STRP enough information about your proposed program to help them make selections. You may want to consult with seniors in your career field or your organization in developing your proposed program. All applicants should have a member of the senior technical ranks *(a DISL/DISES)* complete Section II *(someone who consulted with you in the development of your proposed program would be a good choice)*. Then have your immediate supervisor complete Section III and forward the completed application through the organizational chain. The Directorate/Field Chief will prepare the last endorsement and forward the application to the STRP, which will evaluate it and notify you of its action. If you need additional information during this process, call the STDP Program Manager in DE, 963-7941s/(301) 688-3648b.

APPLICANT INFORMATION

PRINTED NAME (Last)	(First)	(MI)	SSN	ORGANIZATION	GRADE
PHONE (Secure)	(Non-Secure to include Area Code)		PRIMARY FIELD(S) OF EXPERTISE		
ACADEMIC ACCOMPLISHMENTS (Name of school, field of study, degree earned, year)					
OTHER INTERNAL AND EXTERNAL TRAINING (Past three years)					
				TECHNICAL TRACK STATUS (Level)	
SIGNATURE				DATE (YYYYMMDD)	

SECURITY CLASSIFICATION

SECTION I - TECHNICAL ACCOMPLISHMENTS AND PROPOSED STDP DEVELOPMENT

*(To be completed by applicant. Please use **ONLY** the space provided.)*

DESCRIBE YOUR AREA OF TECHNICAL EXPERTISE, TECHNICAL ACCOMPLISHMENTS, AND HOW YOU KEEP UP WITH THE ONGOING CHANGES IN YOUR FIELD.

DESCRIBE ANY EXPERIENCES YOU HAVE HAD TEACHING OR DEVELOPING COURSE MATERIAL. PROVIDE A LIST OF YOUR PUBLICATIONS; DESCRIBE ANY EXTERNAL PRESENTATIONS YOU HAVE MADE IN THE LAST FIVE YEARS FOR THE PURPOSE OF DISSEMINATING TECHNICAL KNOWLEDGE. DESCRIBE ANY ADDITIONAL EXPERIENCES THAT RELATE TO SHARING KNOWLEDGE OR DEVELOPING OTHERS. *(You may attach lists of publications and/or presentations.)*

SECURITY CLASSIFICATION

SECTION I - CONTINUED *(To be completed by applicant)*

PLEASE SPECIFY THE AREA IN WHICH YOU WISH TO BECOME EXPERT *(Part of the STDP experience is a deep immersion in your area of expertise, e.g. an academic program, research project, working with an acknowledged expert, etc. Specify the type of immersion you envision as part of this program, its approximate duration, and the benefit it will provide.)*

SECTION II - DISL/DISES ENDORSEMENT

PLEASE COMMENT ON APPLICANT'S SUBJECT MATTER EXPERTISE, PROFESSIONAL STANDING, PAST ACCOMPLISHMENTS, POTENTIAL FOR FUTURE CONTRIBUTIONS AND THE VALUE PARTICIPATION WILL PROVIDE NOT ONLY TO THE INDIVIDUAL'S PERSONAL DEVELOPMENT, BUT TO THE AGENCY'S MISSION. IN ADDITION, PLEASE PROVIDE COMMENTS ON THE APPLICANT'S DRIVE AND MOTIVATION AS WELL AS EXAMPLES OF TECHNICAL LEADERSHIP.

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

PRINTED TITLE

DATE (YYYYMMDD)

SECURITY CLASSIFICATION

SECTION III - SUPERVISOR ENDORSEMENT

PLEASE COMMENT ON APPLICANT'S SUBJECT MATTER EXPERTISE, PROFESSIONAL STANDING, PAST ACCOMPLISHMENTS, POTENTIAL FOR FUTURE CONTRIBUTIONS AND THE VALUE PARTICIPATION WILL PROVIDE NOT ONLY TO THE INDIVIDUAL'S PERSONAL DEVELOPMENT, BUT TO THE AGENCY'S MISSION. HOW WILL THE APPLICANT'S PARTICIPATION IN THE STDP HELP ATTAIN THE GOALS OF THE ORGANIZATION?

PRINTED NAME (Last)	(First)	(MI)	SIGNATURE
PRINTED TITLE			DATE (YYYYMMDD)

SECTION IV - DIRECTORATE/FIELD CHIEF EVALUATION

PLEASE COMMENT ON APPLICANT'S SUBJECT MATTER EXPERTISE, PROFESSIONAL STANDING, PAST ACCOMPLISHMENTS, POTENTIAL FOR FUTURE CONTRIBUTIONS AND THE VALUE PARTICIPATION WILL PROVIDE NOT ONLY TO THE INDIVIDUAL'S PERSONAL DEVELOPMENT, BUT TO THE AGENCY'S MISSION. HOW WILL THE APPLICANT, WITH THE ADDITIONAL EXPERTISE GAINED IN THE STDP, FIT IN WITH THE DIRECTORATE'S PLANS FOR THE FUTURE?

PRINTED NAME (Last)	(First)	(MI)	SIGNATURE
PRINTED TITLE			DATE (YYYYMMDD)
FORM P6723 REV NOV 2001 - Page 4			SECURITY CLASSIFICATION

SERVICEABLE AND UNSERVICEABLE TAG - FORM J5284

<input type="checkbox"/> SHIPPING	<input type="checkbox"/> STORAGE	<input type="checkbox"/> TURN-IN
DOC. NUMBER		
LI NUMBER	QUANTITY	OF
NOM.		
MODEL	MFG	
S/N	ID	
GREEN-SERVICEABLE		
FORM J5284 REV MAY 86 NSN: 7540-FM-001-0929		

<input type="checkbox"/> SHIPPING	<input type="checkbox"/> STORAGE	<input type="checkbox"/> TURN-IN
DOC. NUMBER		
LI NUMBER	QUANTITY	OF
NOM.		
MODEL	MFG	
S/N	ID	
YELLOW-UNSERVICEABLE		
FORM J5284 REV OCT 86 NSN: 7540-FM-001-0930		

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

BOTH FORMS **MUST** BE USED IN **HARD** COPY AVAILABLE THROUGH THE SUPPLY SYSTEM

FORM P5523 REV DEC 2001 (Supersedes P5523 REV SEP 90 which may be used until depleted)

CENTER PROGRESS CHART (Reverse)

RESISTANCE TRAINING COMMENTS	GOALS

SIGNATURE CARD	
NAME (Type or print - last, first, middle initial)	PHONE NO.
ORGANIZATION AND ADDRESS	
TYPE AND DATE OF CLEARANCE	ACCOUNT NO.
SIGNATURE	DATE
SIGNATURE CERTIFICATION <i>I certify that the above signature and information are correct.</i>	
NAME OF WITNESSING OFFICER	TITLE
SIGNATURE OF WITNESSING OFFICER	
FORM N2942B REV OCT 60 NSN: 7540-FM-001-0547	

Form Size 3" x 5"

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

Privacy Act Statement: Auth for collecting the requested info is contained in 5 U.S.C. 7901; 10 U.S.C. 1601-1616; 50 U.S.C. 402 note and Executive Order 12333. NSA's Blanket Routine Uses found at 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 will be used (primarily) to provide, plan and coordinate certain health care services. Disc of requested info including your SSN is voluntary. However, failure to furnish info, other than your SSN, may affect or delay the Agency's effort to provide health care services to you and/or your family.

SOCIAL HISTORY DATA RECORD

DATE (YYYY-MM-DD)

PERSONAL

NAME (Last)	(First)	(MI)	SSN	DOB (YYYY-MM-DD)
ADDRESS			AGE	SEX <input type="checkbox"/> M <input type="checkbox"/> F
			HOME PHONE (Include Area Code)	
			EDUCATION	
			MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> Sep. <input type="checkbox"/> D <input type="checkbox"/> W	
			NO. CHILDREN	

MILITARY

SERVICE BRANCH <input type="checkbox"/> USAF <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> USMC <input type="checkbox"/> CIV		GRADE	UNIT	DUTY ORGANIZATION
PHONE (Secure) (Non-Secure)		TIME (In Service)		(At Ft. Meade)
JOB TITLE		CLEARANCES <input type="checkbox"/> SCI <input type="checkbox"/> PRP <input type="checkbox"/> FLYING STATUS		

MENTAL HEALTH

HAVE YOU VISITED A MENTAL HEALTH CLINIC BEFORE?

☐ YES☐ NO

REASON FOR COMING TO CLINIC TODAY

HOW DO YOU FEEL WE CAN HELP YOU?

WHERE ARE YOUR MEDICAL RECORDS KEPT?

SECURITY CLASSIFICATION (if any)

SOFTWARE VIRUS SCANNING REQUEST

NOTE: The Information Systems Security Program Managers (ISSPM) Working Group recommends that users of Windows and Windows NT obtain virus scanning software on the user's individual workstation to perform continuous virus scanning. Software can be obtained on Niagara or contact your ISSPM.

THIS DISK WILL BE ENTERED INTO A SYSTEM CLASSIFIED AS:			DATE
<input type="checkbox"/> NSA CLASSIFIED	<input type="checkbox"/> SECRET	<input type="checkbox"/> UNCLASSIFIED	
CUSTOMER NAME (Last)	(First)	(MI)	SID
ORGANIZATION	SECURE PHONE	NON-SECURE PHONE	DESTINATION OF DISKS (Building and Room Number)
NUMBER OF DISKS	TYPE	TYPE OF WORKSTATION/SYSTEM	
	<input type="checkbox"/> FLOPPY <input type="checkbox"/> CD	<input type="checkbox"/> NT <input type="checkbox"/> UNIX (McAfee virus scanning software will scan UNIX disks for indicators of computer viruses, but CANNOT scan for actual UNIX viruses) <input type="checkbox"/> ZIP (Scanning ZIP disks DOES scan the overview of the disk. It DOES NOT scan the compressed files)	

WHO AUTHORIZED THE INTRODUCTION OF THIS SOFTWARE/FILE(S) INTO NSA SPACES? (Provide contract name or number, ISSO approval memo number, or supervisor's information)

I certify that the software/file(s) I am introducing into NSA AIS systems is approved for introduction under procedures listed in NSA Manual 130-1, and that the software/file(s) is/are for official government use. I understand that introducing this software/file(s) into the NSAMMC classified virus-scanning computer will classify the software/file(s) at the TS/SCI level. If scanned in the unclassified system, my file(s) will remain unclassified until placed into a classified, networked computer system. I understand that, should a virus be found on this software/file(s), the software/file(s) will **NOT** be returned to me; it will be sent to the appropriate KC ISSPM for review/action, as necessary.

CUSTOMER SIGNATURE

MMC USE ONLY**RESULTS OF SCAN**☐ NEGATIVE ☐ VIRUS FOUND (provide details)

DATE VIRUS WAS REPORTED TO SHO (if applicable)

MMC REPRESENTATIVE NAME

SIGNATURE

FORM H7162 REV MAR 2002 (Supersedes H7162 REV AUG 2001 which is obsolete)

SECURITY CLASSIFICATION (if any)

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

SOLICITATION/CONTRACT/ORDER FOR COMMERICAL ITEMS

OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER		PAGE 1 OF	
2. CONTRACT NO.		3. AWARD/EFFECTIVE DATE		4. ORDER NUMBER		5. SOLICITATION NUMBER	
7. FOR SOLICITATION INFORMATION CALL: ▶		a. NAME				b. TELEPHONE NUMBER (No collect calls)	
9. ISSUED BY		CODE		10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED <input type="checkbox"/> SET ASIDE: % FOR <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> SMALL DISADV. BUSINESS <input type="checkbox"/> 8(A) SIC: SIZE STANDARD:		11. DELIVERY FOR FOR DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE	
						12. DISCOUNT TERMS	
						13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)	
						13b. RATING	
15. DELIVER TO		CODE		16. ADMINISTERED BY		CODE	
17a. CONTRACTOR/ OFFEROR		CODE		FACILITY CODE		18a. PAYMENT WILL BE MADE BY	
						CODE	
TELEPHONE NO.				18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM			
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER							
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES			21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
(Attach Additional Sheets as Necessary)							
25. ACCOUNTING AND APPROPRIATION DATA						26. TOTAL AWARD AMOUNT (For Govt. Use Only)	
27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED. 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.							
28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN.				29. AWARD OF CONTRACT: REFERENCE OFFER DATED _____ YOUR OFFER ON SOLICITATION (Block 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:			
30a. SIGNATURE OF OFFEROR/CONTRACTOR				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)			
30b. NAME AND TITLE OF SIGNER (TYPE OR PRINT)		30c. DATE SIGNED		31b. NAME OF CONTRACTING OFFICER (TYPE OR PRINT)		31c. DATE SIGNED	
32a. QUANTITY IN COLUMN 21 HAS BEEN <input type="checkbox"/> RECEIVED <input type="checkbox"/> INSPECTED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED				33. SHIP NUMBER		34. VOUCHER NUMBER	
				PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/>		36. AMOUNT VERIFIED CORRECT FOR	
32b. SIGNATURE OF AUTHORIZED GOVT. REPRESENTATIVE				32c. DATE		36. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	
						37. CHECK NUMBER	
				38. S/R ACCOUNT NUMBER		39. S/R VOUCHER NUMBER	
						40. PAID BY	
41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT				42a. RECEIVED BY (Print)			
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER		41c. DATE		42b. RECEIVED AT (Location)			
				42c. DATE REC'D (YY/MM/DD)		42d. TOTAL CONTAINERS	

AUTHORIZED FOR LOCAL REPRODUCTION

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER		PAGE 1 OF			
2. CONTRACT NO		3. AWARD/EFFECTIVE DATE		4. ORDER NUMBER		5. SOLICITATION NUMBER		8. SOLICITATION ISSUE DATE	
7. FOR SOLICITATION INFORMATION CALL:				a. NAME		b. TELEPHONE NUMBER (No collect calls)		8. OFFER DUE DATE/LOCAL TIME	
9. ISSUED BY		CODE		H98230		10. THIS ACQUISITION IS		11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED	
MARYLAND PROCUREMENT OFFICE ATTN: _____ 9800 SAVAGE ROAD FT. MEADE, MD 20755-6000				<input type="checkbox"/> UNRESTRICTED <input type="checkbox"/> SET ASIDE: % FOR <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> SMALL DISADV. BUSINESS <input type="checkbox"/> 8(A) SIC: SIZE STANDARD:		<input type="checkbox"/> SEE SCHEDULE <input checked="" type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) 13b. RATING DO: 14. METHOD OF SOLICITATION <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP		12. DISCOUNT TERMS	
15. DELIVER TO		CODE		H98230		16. ADMINISTERED BY		CODE	
17a. CONTRACTOR/OFFEROR		CODE				18a. PAYMENT WILL BE MADE BY		CODE	
		FACILITY CODE						H98230	
TELEPHONE NO.									
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER					18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM				
19. ITEM NO.		20. SCHEDULE OF SUPPLIES/SERVICES				21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
(Attach Additional Sheets as Necessary)									
25. ACCOUNTING AND APPROPRIATION DATA							26. TOTAL AWARD AMOUNT (For Govt. Use Only)		
<input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.									
<input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.									
28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN _____ COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN.					29. AWARD OF CONTRACT: REFERENCE _____ OFFER DATED _____ YOUR OFFER ON SOLICITATION (Block 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:				
30a. SIGNATURE OF OFFEROR/CONTRACTOR					31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)				
30b. NAME AND TITLE OF SIGNER (TYPE OR PRINT)			30c. DATE SIGNED		31b. NAME OF CONTRACTING OFFICER (TYPE OR PRINT)			31c. DATE SIGNED	
32a. QUANTITY IN COLUMN 21 HAS BEEN					33. SHIP NUMBER		34. VOUCHER NUMBER		36. AMOUNT VERIFIED CORRECT FOR
<input type="checkbox"/> RECEIVED <input type="checkbox"/> INSPECTED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED					PARTIAL		FINAL		
32b. SIGNATURE OF AUTHORIZED GOVT. REPRESENTATIVE			32c. DATE		36. PAYMENT				37. CHECK NUMBER
					<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				
					38. S/R ACCOUNT NUMBER		39. S/R VOUCHER NUMBER		40. PAID BY
41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT					42a. RECEIVED BY (Print)				
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER			41c. DATE		42b. RECEIVED AT (Location)				
					42c. DATE REC'D (YY/MM/DD)		42d. TOTAL CONTAINERS		

1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 350)		RATING	PAGE	OF	PAGES
2. CONTRACT NO.	3. SOLICITATION NO.	4. TYPE OF SOLICITATION <input type="checkbox"/> SEALED BID (IFB) <input type="checkbox"/> NEGOTIATED (RFP)	5. DATE ISSUED	6. REQUISITION/PURCHASE NO.	
7. ISSUED BY		CODE	8. ADDRESS OFFER TO (If other than Item 7)		

NOTE: In sealed bid solicitations "offer" and "offeror" mean "bid" and "bidder".

SOLICITATION

9. Sealed offers in original and _____ copies for furnishing the supplies or services in the Schedule will be received at the place specified in Item 8, or if handcarried, in the depository located in _____ until _____ local time _____ (Hour) _____ (Date)

CAUTION - LATE Submissions, Modifications, and Withdrawals: See Section L, Provision No. 52.214-7 or 52.215-1. All offers are subject to all terms and conditions contained in this solicitation.

10. FOR INFORMATION CALL:	A. NAME	B. TELEPHONE (NO COLLECT CALLS)		C. E-MAIL ADDRESS
		AREA CODE	NUMBER	EXT.

11. 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					

OFFER (Must be fully completed by offeror)

NOTE: Item 12 does not apply if the solicitation includes the provisions at 52.214-16, Minimum Bid Acceptance Period.

12. In compliance with the above, the undersigned agrees, if this offer is accepted within _____ calendar days (60 calendar days unless a different period is inserted by the offeror) from the date for receipt of offers specified above, to furnish any or all items upon which prices are offered at the price set opposite each item, delivered at the designated point(s), within the time specified in the schedule.

13. DISCOUNT FOR PROMPT PAYMENT	10 CALENDAR DAYS (%)	20 CALENDAR DAY (%)S	30 CALENDAR DAYS (%)	CALENDAR DAYS (%)
14. ACKNOWLEDGEMENT OF AMENDMENTS (The offeror acknowledges receipt of amendments to the SOLICITATION for offerors and related documents numbered and dated):	AMENDMENT NO.	DATE	AMENDMENT NO.	DATE
15A. NAME AND ADDRESS OF OFFEROR	CODE	FACILITY	16. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER (Type or print)	
15B. TELEPHONE NUMBER	15C. CHECK IF REMITTANCE ADDRESS IS DIFFERENT FROM ABOVE - ENTER SUCH ADDRESS IN SCHEDULE.	17. SIGNATURE	18. OFFER DATE	
AREA CODE	NUMBER	EXT.		

AWARD (To be completed by Government)

19. ACCEPTED AS TO ITEMS NUMBERED	20. AMOUNT	21. ACCOUNTING AND APPROPRIATION	
22. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: <input type="checkbox"/> 10 U.S.C. 2304(c) () <input type="checkbox"/> 41 U.S.C. 253 (c) ()	23. SUBMIT INVOICES TO ADDRESS SHOWN IN (4 copies unless otherwise specified)		ITEM
24. ADMINISTERED BY (If other than Item 7)	CODE	25. PAYMENT WILL BE MADE BY	CODE
26. NAME OF CONTRACTING OFFICER (Type or print)	27. UNITED STATES OF AMERICA (Signature of Contracting Officer)		28. AWARD DATE

IMPORTANT - Award will be made on this Form, or on Standard Form 26, or by other authorized official written notice.

SOLICITATION, OFFER, AND AWARD <i>(Construction, Alteration, or Repair)</i>		1. SOLICITATION NO.	2. TYPE OF SOLICITATION <input type="checkbox"/> SEALED BID (IFB) <input type="checkbox"/> NEGOTIATED (RFP)	3. DATE ISSUED	PAGE OF PAGES
		IMPORTANT - The "offer" section on the reverse must be fully completed by offeror.			
4. CONTRACT NO.		5. REQUISITION/PURCHASE NO.		6. PROJECT NO.	
7. ISSUED BY		CODE	8. ADDRESS OFFER TO		
9. FOR INFORMATION CALL: ➔		A. NAME		B. TELEPHONE NO. (Include area code) (NO COLLECT CALLS)	

SOLICITATION

NOTE: In sealed bid solicitations "offer" and "offeror" mean "bid" and "bidder".

10. THE GOVERNMENT REQUIRES PERFORMANCE OF THE WORK DESCRIBED IN THESE DOCUMENTS (Title, identifying no., date):

11. The Contractor shall begin performance within _____ calendar days and complete it within _____ calendar days after receiving
☐ award, ☐ notice to proceed. This performance period is ☐ mandatory, ☐ negotiable. (See _____.)

12A. THE CONTRACTOR MUST FURNISH ANY REQUIRED PERFORMANCE AND PAYMENT BONDS?
 (If "YES", indicate within how many calendar days after award in item 12B.)

☐ YES ☐ NO

12B. CALENDAR DAYS

13. ADDITIONAL SOLICITATION REQUIREMENTS:

A. Sealed offers in original and _____ copies to perform the work required are due at the place specified in item 8 by _____ (hour)
 local time _____ (date). If this is a sealed bid solicitation, offers will be publicly opened at that time. Sealed envelopes
 containing offers shall be marked to show the offeror's name and address, the solicitation number, and the date and time offers are due.

B. An offer guarantee ☐ is, ☐ is not required.

C. All offers are subject to the (1) work requirements, and (2) other provisions and clauses incorporated in the solicitation in full text or by reference.

D. Offers providing less than _____ calendar days for Government acceptance after the date offers are due will not be considered and
 will be rejected.

OFFER (Must be fully completed by offeror)

14. NAME AND ADDRESS OF OFFEROR (Include ZIP code)		15. TELEPHONE NO. (Include area code)
		16. REMITTANCE ADDRESS (Include only if different than Item 14)
CODE	FACILITY CODE	

17. The offeror agrees to perform the work required at the prices specified below in strict accordance with the terms of this solicitation, if this offer is accepted by the Government in writing within _____ calendar days after the date offers are due. (Insert any number equal to or greater than the minimum requirement stated in Item 13D. Failure to insert any number means the offeror accepts the minimum in Item 13D.)

AMOUNTS →

18. The offeror agrees to furnish any required performance and payment bonds.

19. ACKNOWLEDGEMENT OF AMENDMENTS

(The offeror acknowledges receipt of amendments to the solicitation - give number and date of each)

AMENDMENT NO.											
DATE											

20A. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER
(Type or print)

20B. SIGNATURE

20C. OFFER DATE

AWARD (To be completed by Government)

21. ITEMS ACCEPTED:

22. AMOUNT

23. ACCOUNTING AND APPROPRIATION DATA

24. SUBMIT INVOICES TO ADDRESS SHOWN IN
(4 copies unless otherwise specified)

ITEM

25. OTHER THAN FULL AND OPEN COMPETITION PURSUANT TO

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

26. ADMINISTERED BY

CODE

27. PAYMENT WILL BE MADE BY

CONTRACTING OFFICER WILL COMPLETE ITEM 28 OR 29 AS APPLICABLE

☐ 28. 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 work requirements identified on this form and any continuation sheets for the the consideration stated in this contract. The rights and obligations of the parties to this contract shall be governed by (a) this contract award, (b) the solicitation, and (c) the clauses, representations, certifications, and specifications incorporated by reference in or attached to this contract.

☐ 29. AWARD (Contractor is not required to sign this document.) Your offer on this solicitation is hereby accepted as to the items listed. This award consummates the contract, which consists of (a) the Government solicitation and your offer, and (b) this contract award. No further contractual document is necessary.

30A. NAME AND TITLE OF CONTRACTOR OR PERSON AUTHORIZED TO SIGN
(Type or print)

31A. NAME OF CONTRACTING OFFICER (Type or print)

30B. SIGNATURE

30C. DATE

31B. UNITED STATES OF AMERICA

31C. AWARD DATE

BY

DOCID: 3115175
SPACE REQUEST AND UTILIZATION RECORD

PROJECT NAME			DATE RECEIVED (YYYYMMDD)		PTN	
REQUESTED BY (Last) (First) (MI)			PHONE (Secure) (Non-Secure)		DATE DESIRED (YYYYMMDD)	
REQUESTED LOCATION	SCIF AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO	FUNDING SOURCE	PRIORITY? <input type="checkbox"/> HIGH <input type="checkbox"/> ROUTINE	S612 POINT OF CONTACT (Last) (First) (MI) SIGNATURE		

	SQ. FT. MAXIMUM SPACE ALLOWABLE (A)	NUMBER PERSONNEL REQUIRING SPACE (B)	SPACE NEEDED (A x B) (C)	CURRENT SPACE (D)	DELTA SPACE (C - D) (E)
PERSONNEL	Chief, Key Component (KC) or Group; Chief, Office Conference Room	400			
	DCH, KC; Chief of Staff, KC; DCH, Group; Staff Chief, Group; Chief, Office	300			
	D Staff Chief, KC; Chief, KC Beachhead; Executive, KC; D Staff Chief, Group; Executive Group; D Chief, Office; Chief, Division	200			
	STEs/Non-Supervisory SCEs, Staff Chief, Office	150			
	Special Assistant/Technical Assistant, Group; Executive, Office; Special/Technical Assistant, Office; DC, Division	100			
	Supervisors, Branch	75			
	Informal Teaming Area (20+ Employees)	70			
	All Others	36			
PERSONNEL TOTALS					
SPECIAL AREAS	1.				
	2.				
	3.				
	4.				
	SPECIAL AREA TOTALS				
SUB-TOTAL (Personnel + Special Area)					
TOTAL (Sub-Total x 1.5)					

MISSION STATEMENT

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

SECURITY CLASSIFICATION

SPECIAL FACTORS

SOCIAL SECURITY NUMBER	NAME	WORK ROLE	GRADE/STEP
ORGANIZATION	FROM DATE	TO DATE	

INSTRUCTIONS

Special Factors are responsibilities that apply to all employees. They support the EEO/Diversity policies of the NSA and the U.S. Government and protect classified information, government resources, and employee and environmental health. The following regulatory guidance should be reviewed when developing Performance Plans and when conducting Interim Reviews and Final Evaluations.

If an employee has significant responsibilities in any of these areas, separate objectives should be captured in the Performance Plan and rated during the Interim Review and Final Evaluation. At any time a rater notes a deficiency (*i.e.*, *Needs Improvement*) in a Special Factor, the rater should take appropriate action to assist the employee in resolving the deficiency. If an employee is rated as "Unacceptable" in any of these areas, the rater should contact the Employee Relations for assistance.

ALL EMPLOYEES MUST BE EVALUATED ON THE FOLLOWING:	ACCEPTABLE	NEEDS IMPROVEMENT	UN-ACCEPTABLE
OCCUPATIONAL SAFETY AND HEALTH (OSH) OBJECTIVES: Employee complied with applicable NSA/CSS OSH program rules and regulations by following local OSH procedures; properly using personal protective equipment and clothing; promptly reporting unsafe conditions, hazardous exposure, or occupational injury or illness to appropriate authority and attending safety and health training as necessary. Reference NSA/CSS Regulation 140-1, "Occupational Safety and Health (OSH) Program" for specific guidelines.			
EEO/DIVERSITY OBJECTIVES: The employee treats all co-workers with fairness and respect regardless of race, color, national origin, gender, religion, age, or disability. An acceptable rating in this factor indicates compliance with NSA/CSS Regulation 30-13, "Equal Employment Opportunity," NSA/CSS PMM Chapter 365, "Equal Employment Opportunity," and NSA/CSS PMM 366, "Personal Conduct."			
SECURITY OBJECTIVES: The employee demonstrated sound security awareness and adhered to NSA/CSS security practices and procedures for the protection of classified information and activities. The employee has shown an understanding of the responsibility to report situations that affect security of the NSA/CSS including any issue which brings into question trustworthiness, reliability, or vulnerability to exploitation on their part or the part of any other person with access to NSA spaces or material. See NSA/CSS Regulations 120-4, "Security Supervision," and 120-15, "Individual Security Reporting Requirements."			
MANAGEMENT CONTROL OBJECTIVES: The employee demonstrated responsibility for promoting effective and efficient use of Government resources and protecting those resources from fraud, waste, abuse, misuse, and mismanagement as outlined in the NSA Management Control (MC) Program. The employee demonstrated good property accountability practices and can account for all assigned Agency property. See NSA/CSS Regulation 112-17, "Internal Management Control" and NSA/CSS RMM Part V, Chapter 14, "Property Accounting."			
HANDLING OF CLASSIFIED INFORMATION: The employee demonstrated responsibility for proper handling of classified information. An employee who is authorized to create and/or handle classified information is responsible for the proper marking of that information which includes the overall classification, portion marking, and the classification/declassification information (<i>known as the "classification block"</i>). See Executive Order 12958, "Classified National Security Information."			

EMPLOYEE'S SIGNATURE	TITLE	ORGANIZATION	DATE
SUPERVISOR	NAME	TITLE	ORGANIZATION
	SIGNATURE		DATE

SPECIAL REQUEST / AUTHORIZATIONNAVPERS 1336/3 (Rev. 9-75)
S/N 0106-LF-063-8633**PRIVACY ACT STATEMENT**

The authority to request this information is contained in 5 USC 301, Departmental Regulations. The principal purpose of the information is to enable you to make known your desire for one of the four items listed or for some other special consideration or authorization. The information will be used to assist officials and employees of the Department of the Navy in determining your eligibility for and approving or disapproving the special consideration or authorization being requested. Completion of the form is mandatory; failure to provide required information may result in delay in response to or disapproval of your request.

NAME (Last, first, middle initial)		RATE	SSN
SHIP OR STATION		DATE OF REQUEST	
DEPARTMENT / DIVISION / WARD		DUTY SECTION / GROUP	
NATURE OF REQUEST			
<input type="checkbox"/> LEAVE <input type="checkbox"/> SPECIAL REQUEST <input type="checkbox"/> SPECIAL PAY <input type="checkbox"/> COMMUTED RATIONS <input type="checkbox"/> OTHER (Below)			
NO DAYS REQUEST	FROM (Date and time)	TO (Date and time)	
DISTANCE (Miles)	MODE OF TRAVEL		
	<input type="checkbox"/> AIR <input type="checkbox"/> TRAIN <input type="checkbox"/> BUS <input type="checkbox"/> CAR		
LEAVE ADDRESS (Street, box or route no., City, State, Zip Code)			TELEPHONE NUMBER

REASON FOR REQUEST

SIGNATURE OF APPLICANT

I AM ELIGIBLE AND OBLIGATE MYSELF TO PERFORM ALL DUTIES OF PERSON MAKING APPLICATION-

SIGNATURE OF STANDBY

DUTY STATION

PERSONNEL OFFICE

EARNED LEAVE DAYS AS OF		LEAVE THIS FISCAL YEAR	DATE LAST PAID
RECOMMENDED APPROVAL		SIGNATURE AND RANK / RATE / TITLE / DATE	
<input type="checkbox"/> YES	<input type="checkbox"/> NO		
SIGNATURE AND RANK / RATE / TITLE / DATE			
<input type="checkbox"/> YES	<input type="checkbox"/> NO		
SIGNATURE AND RANK / RATE / TITLE / DATE			
<input type="checkbox"/> YES	<input type="checkbox"/> NO		
SIGNATURE AND RANK / RATE / TITLE / DATE			
<input type="checkbox"/> YES	<input type="checkbox"/> NO		
SIGNATURE			
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED		

REASON FOR DISAPPROVAL

LOG OUT AND IN WITH OOD (When required)

OUT (Hour and date)	INITIALS OOD	IN (Hour and date)	INITIALS OOD
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HITCHHIKING IS PROHIBITED

SPECIFICATION CHANGE NOTICE (SCN)			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 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.</p> <p>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 NO.	
					3. DODAAC	
4. ORIGINATOR			5. SCN TYPE			
a. TYPED NAME (First, Middle Initial, Last)			<input type="checkbox"/> PROPOSED		<input type="checkbox"/> APPROVED	
b. ADDRESS (Street, City, State, Zip Code)			6. CAGE CODE		7. SPEC NO.	
			8. CAGE CODE		9. SCN NO.	
10. SYSTEM DESIGNATION		11. RELATED ECP NO.	12. CONTRACT NO.		13. CONTRACTUAL AUTHORIZATION	
14. CONFIGURATION ITEM NOMENCLATURE			15. EFFECTIVITY			
<p>This notice informs recipients that the specification identified by the number (and revision letter) shown in Item 7 has been changed. The pages changed by this SCN are those furnished herewith and carry the approval date of the related ECP listed in Item 11. The pages of the page numbers and dates listed in Items 16 and 17, combined with non-listed pages of the original issue of the revision shown in Item 7, constitute the current approved version of this specification.</p>						
16. PAGES AFFECTED BY THIS SCN					TYPE OF CHANGE*	APPROVAL DATE (YYYYMMDD)
PAGE(S) a.					b.	c.
17. SUMMARY OF PREVIOUSLY CHANGED PAGES						
SCN NO	RELATED ECP NO	PAGE(S)	DATE SUBMITTED (YYYYMMDD)	TYPE OF CHANGE*	APPROVAL DATE (YYYYMMDD)	
a.	b.	c.	d.	e.	f.	
<p>* "S" indicates supersedes earlier page. "A" indicates added page. "D" indicates deletion.</p>						
18.a. GOVERNMENT ACTIVITY			c. SIGNATURE		d. DATE SIGNED (YYYYMMDD)	
b. TYPED NAME (First, Middle Initial, Last)						

DO NOT WRITE IN THESE SPACES LETTER (Request for Contractor Clearance)

DATE

FROM

TO

Initial Clearances
Office of Security Services
NSA/CSS

COMPANY CAGE CODE

THE FOLLOWING PERSON WILL REQUIRE CLEARANCE ACTION INDICATED:

NAME

SSN

☐

CONTRACTOR EMPLOYEE

☐

CONTRACTOR CONSULTANT (Type A Consultant Agreement required)

JUSTIFICATION FOR SCI

NOMINEE'S MAILING ADDRESS AND HOME PHONE NUMBER

CONTRACT INFORMATION

PROJECT NAME

CONTRACT #

DATE NEEDED BY

NSA COR (Name)

COR ORG

COR PHONE #

ACCESS REQUIRED AT

☐

NSA - Assignment/Detail/PCS/Core Access
(Full-Scope Polygraph Required)

☐

Contractor Facility With
NSA Networking Connectivity
(Full-Scope Polygraph Required)

☐

Contractor Facility Without
NSA Networking Connectivity
(Counter-Intelligence Polygraph Required)

PREVIOUS CLEARANCE (Cleared by)

(Level of clearance/access)

(Date of clearance/access)

TYPE OF CASE

<input type="checkbox"/>	DUAL-TRACK	BI PROVIDER	<input type="checkbox"/> 30 Day	COR CONCURRENCE	DATE FORMS SENT TO BI PROVIDER
			<input type="checkbox"/> 60 Day		
<input type="checkbox"/>	SINGLE-TRACK (SSBI date is within last five years)	DATE OF SSBI	SSBI BY		
<input type="checkbox"/>	REINSTATEMENT (Previously cleared by NSA) Must provide mailing address as requested above.	Debriefed from NSA SCI less than 6 months (Sponsorship letter, Authorization to Obtain Consumer (Credit) Report, and Contractor Employee Advisory Handout required)	DATE (Debriefed)	(Hired)	
		Debriefed from NSA SCI 6-24 months (Complete forms package required)	DATE (Debriefed)	(Hired)	
CONDITIONAL CERTIFICATION of SCI ACCESS - FORM G6787 must be completed in its entirety and attached.					
<input type="checkbox"/>	CHANGE IN STATUS	<input type="checkbox"/> Contractor Employee to Contractor Consultant (Consultant Agreement required) <input type="checkbox"/> Contractor Consultant to Contractor Employee			
<input type="checkbox"/>	CHANGE IN ACCESS (Full-scope polygraph now required)				
<input type="checkbox"/>	ADDED AFFILIATION (Concurrent access with multiple affiliates)				

PCS
REQUIREMENT

☐ NO ☐ YES

IF YES,

☐ CONUS

☐ OCONUS

(Form P4660A must be attached)

COMMENTS

COMPANY NAME AND MAILING ADDRESS FOR ACCESS NOTIFICATION

CSSO (Printed Name)

(Signature)

(Phone Number)

This form must be signed, dated, and returned to the National Security Agency, along with the attached application for employment.

STATEMENT OF CONDITIONS OF EMPLOYMENT

The purpose of this statement is to inform applicants of the general criteria and procedures for employment with the National Security Agency.

Employment with the National Security Agency is governed by the provisions of Public Law 88-290 and Public Law 86-36, as amended, (*the National Security Agency Act of 1959*). Public Law 88-290 requires that initial and continued employment with the Agency, and access to its classified information, shall be clearly consistent with the national security. The law prescribes further that employment in the Agency shall be contingent upon favorable evaluation of a completed background investigation.

To meet the statutory security standard, the National Security Agency maintains special employment criteria and prescribes certain conditions of employment which may exceed those of other Government organizations which do not have the highly sensitive responsibility borne by the Agency. The special criteria and conditions include, in addition to others prescribed by Executive Order, and Departmental regulations, the following:

- a. The person shall be of stable, trustworthy, excellent character and discretion, and of unquestioned loyalty to the United States.
- b. With limited exceptions, both the person and the members of his or her immediate family shall be United States citizens. For these purposes "immediate family" is defined as including the individual's spouse, parents, brothers, sisters and children.
- c. No member of the person's immediate family and no person to whom he or she may reasonably be expected to be bound by ties of affection, kinship, or obligation should be of questionable loyalty to the United States.
- d. No member of the person's immediate family and no person to whom he or she may reasonably be expected to be bound by ties of affection, kinship or obligation should be a resident of a foreign country having basic or critical national interests opposed to those of the United States.
- e. The person shall be required to execute an NSA Security Agreement in which he or she agrees not to disclose certain information to unauthorized persons, agrees to Agency pre-publication review of certain material prior to disclosure during and after employment with NSA, and agrees to certain restrictions on foreign travel.
- f. Although individuals may be conditionally employed prior to the completion of a background investigation, continued employment with the Agency is contingent upon favorable outcome of this investigation. Further, all employees are subject to aperiodic reinvestigations and personal interviews with the aid of a polygraph instrument, and continued employment is contingent upon favorable outcomes of these aperiodic reinvestigations and interviews.
- g. Employees of NSA have a continuing responsibility to abide by all security regulations, policies, and other requirements, including, but not limited to, cooperating in the above-mentioned reinvestigations and interviews and reporting promptly information that could affect their access to sensitive classified material.
- h. Employees of NSA who are hired after admitting prior unlawful use of controlled substances may be required to sign an agreement subjecting them to random urinalysis for a period of up to five years following entrance-on-duty.

The following is a typical sequence of steps and procedures which may lead to NSA Employment:

- a. Aptitude and proficiency tests for certain occupations, and other psychological tests, are administered to help select and place applicants in NSA.
- b. The applicant participates in a personal interview with an NSA recruiter from the Office of Human Resources Services to determine general acceptability and qualification for Agency employment. This interview will cover academic training and accomplishments, aptitudes and interests, employment history, information about NSA and its jobs, within security limits, and a brief discussion by the recruiter of the major security requirements for employment with the Agency.
- c. A personal interview with the aid of a polygraph instrument is conducted by a security specialist. The purpose of this interview is to provide data which may be used, together with data collected from other sources in determining an applicant's eligibility for access to sensitive classified material. This determination, combined with information relating to other requirements, will be considered in appraising an applicant's suitability for employment.
- d. A medical examination which includes a physical examination and a psychological evaluation based on testing or a personal interview, or both, is normally required.

e. A urine test for the unlawful use of controlled substances may be required. Positive test results or refusal to be tested will be considered in determining an applicant's eligibility for employment and may be the basis for denial of employment.

f. Other data are obtained through a National Agency Check and a complete background investigation.

Favorable evaluation of the results of the above procedures is required before an offer of employment is made and completion of preemployment negotiations does not imply or guarantee an offer of employment. As a general policy, offers of appointment are made in writing to each person selected for employment. The offer will indicate the effective date of the appointment, as well as the kind of appointment and the conditions pertinent thereto.

The Director, NSA, has the authority to impose limitations on unofficial foreign travel in or through areas which are determined to pose an unacceptable risk to employees of the National Security Agency.

Close and continuing association with foreign nationals characterized by ties of affection, kinship or obligation are normally considered incompatible with NSA employment. Exceptions may be granted by the National Security Agency on a case by case basis.

Pursuant to Public Law 86-36, employees of the National Security Agency serve in positions which are excepted from civil service laws, and in accordance with Public Law 88-290, they serve at the discretion of the Director, NSA. Further, employees may be required to serve anywhere in the world to meet the needs of the Agency as determined by the Director.

Employees of NSA are required to participate in the Direct Deposit/Electronic Funds Transfer (DD/EFT) system for distribution of their net salary, allowances, and allotments. This requirement is in accordance with DoD Regulation 7000.14-R which states that DD/EFT is mandatory for civilian employees and is a reasonable condition of employment.

This document, when signed by the applicant, signifies that the applicant fully understands the criteria, conditions and procedures for employment with NSA, and that this document should not be used for any other purpose, whether signed or not.

SIGNATURE

DATE

STANDARD FORM 1149
Revised March 1982
Dept of the Treasury
TFRM 4-8000

STATEMENT OF DESIGNATED DEPOSITARY ACCOUNT

NAME OF DISBURSING OFFICER OR CASHIER

NAME (Funds advanced by)

STATION OR OFFICE

NAME OF DEPOSITARY

LOCATION OF DEPOSITARY

ACCOUNTING NUMBER (or other designation) as shown on depositary statement

ACCOUNTING PERIOD

From

To

MONETARY UNIT OF THIS ACCOUNT

(SEE REVERSE SIDE FOR LINE INSTRUCTIONS)

1. Check-book balance at close of previous period
2. Deposits to official credit:
 - Transfers
 - Others
3. Checks canceled this period
4. Undeliverable checks credited this period
5. Adjustments
6. Uncurrent checks
7. TOTAL TO BE ACCOUNTED FOR
8. Total checks drawn this period
9. Uncollectible checks returned by depositary
10. Adjustments
11. TOTAL
12. Check-book balance close of period

RECONCILIATION

13. Balance per bank statement)
14. Add: Deposits in transit
15. TOTAL
16. Deduct: Outstanding checks
17. Deduct: Deposits not credited by
(Disbursing officer or cashier)
18. Balance per check book
19. U.S. dollar equivalent
20. Rate of exchange per \$1.00

CHECKS USED THIS PERIOD

BEGINNING SERIAL NUMBER

ENDING SERIAL NUMBER

I certify that the above statements and supporting data
are correct and in accordance with applicable regulations.

DATE

SIGNATURE OF DISBURSING OFFICER OR CASHIER

STANDARD FORM 1149 (REV.3-82)BACK

LINE INSTRUCTIONS

1. Report the balance in checking account carried forward from previous statement.
 2. Enter the totals of all deposits, segregating transfers, made to the checking account during the month and submit a list showing date and amount of each deposit.
 3. Show the total of all checks canceled during the report period, to be supported by corresponding Schedules of Canceled Checks, Standard Form 1098, and Unavailable Check Cancellation, Standard Form 1184.
 4. Show on this line the total of credits to the checking account for undeliverable checks which have been credited to appropriation or fund accounts as supported by Standard Form 1185 schedules.
 5. Report the total of all adjustments increasing the accountability during the report period. A detailed explanation should support each adjustment.
 6. Add the total of all checks that became uncurrent at the close of the fiscal year. A complete detailed listing of each uncurrent check should support the entry on this line.
 7. Show the total of lines 1 through 6, reflecting total accountability for the reporting period.
 8. The grand total of all checks drawn for the period will be shown here. A complete detailed list or check carbon copies should be submitted.
 9. The total of uncollectible checks returned by the depository during the report period will be shown here with supporting schedule showing the date and amount of the original certificate of deposit or deposit slip.
 10. Enter the total of all no-check adjustments processed during the period which reduces the accountability, and submit a supporting detailed explanation of each adjustment.
 11. Show the total of lines 8 through 10. This amount represents the total decrease in the checking account accountability for the report period.
 12. The figure shown here will be the difference between the totals on lines 7 and 11.
 13. Show on this line the balance of funds in the checking account as shown on the bank statement. Support with bank statement.
 14. Show the total of all deposits in transit to the checking account, the amounts of which have been included in line 2. A detailed list showing the amount and date of each deposit must support this line amount.
 15. Show here a total of lines 13 and 14.
 16. Report here the total of outstanding checks in the account. Support this figure with a detailed listing of each check.
 17. Report here the total of deposits credited by the bank but not credited in the checking account. A detailed list showing the amount and date of each deposit must support this line.
 18. The amount on this line should be the same as the total shown on line 12. If not, explain in detail.
 19. The amount shown on this line will be the U.S. dollar equivalent of the monetary units shown on line 12 and as reported on the Statement of Accountability.
 20. Show here the rate of exchange used in the conversion shown on line 19.
-

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 et seq.; Executive Orders 10450, 10865, 12333 and 12968, and DCI Directive No. 8/4, NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA10 apply to this information. Authority for requesting your Social Security Number is Executive Order 8397. Information you provide will be used (primarily) to determine eligibility to receive access to classified information; investigate loss or compromise of classified information or violation of law affecting the Agency; and/or determine security eligibility or general suitability for Agency employment, assignment, reassignment, official or unofficial foreign travel, or other personnel action. Disclosure of requested information, including your SSN, is voluntary. However, failure to furnish requested information may delay or prevent NSA from providing access to classified information or from approving Agency employment, assignment, reassignment, or other action. Your SSN will be used to distinguish you from other individuals providing statements under oath.

STATEMENT UNDER OATH

DATE		PLACE			
PRINTED NAME (Last)	(First)	(MI)	SPECIAL AGENT (Last)	(First)	(MI)

I do hereby make the following voluntary statement to the above named, identified to me as Special Agent, Office of Security, National Security Agency/Central Security Service, U. S. Department of Defense. No threat, promise, coercion, or duress has been used to induce me to make this statement.

COMMENTS (Use additional sheet(s) if required)

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

STATEMENT UNDER OATH (Continued)

COMMENTS (continued)

I solemnly swear (or affirm) that the foregoing statement has been read by me and it is true and correct to the best of my knowledge and belief

STATEMENT DATED	NO. PAGES	SIGNATURE

Subscribed and sworn to (or affirmed) before the below named, Special Agent of the National Security Agency/Central Security Service, under authority of 5 USC 303 (1976), at the location specified.

SPECIAL AGENT NSA/CSS	TYPE/PRINTED NAME (Last)	(First)	(MI)	DATE SWORN
	SIGNATURE	AT		

WITNESSED

memorandum

SC32/SAB 2/972-2831s

DATE:

REPLY TO
ATTN OF: SC32, Information Acquisitions

SUBJECT: Status of Enclosed Book/Periodical Request(s) (H2525(s)) - INFORMATION MEMORANDUM

TO: Publication Procurement Coordinator for:
(organization)

	Publications requested on the attached H2525(s) are on order . Any future inquiries on these titles should cite both: (1) the Purchase Request (PR) number (at the top right) and; (2) the PO number (at the bottom left) of the Form H2525. NOTE: Domestic book vendors usually require 6-8 weeks to fill orders. Foreign sources often require 90-120 days. Subscription vendors/publishers require 90-120 days to start subscriptions.
	Publications requested are stocked in SC32 and have been forwarded to the requester.
	Publications requested are stocked items NOT currently in stock . Items will be forwarded upon receipt in SC32. PPC will be informed if items are not forwarded within 90 days.
	Publications requested on the attached H2525(s) are NOT obtained/distributed by SC32 . The request has been transferred to the appropriate organization as noted.
	Attached requests are cancelled :
	Publication NOT available (OP = Out of Print, OSI = Out of Stock Indefinitely)
	Per discussion with PPC
	Request duplicates a previous request
	OTHER (Specify)

Please refer questions to: SC32, SAB 2, 972-2831s.

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

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

CHIEF, SC32/ACQUISITIONS

ENCL: a/s

EXCEPTION TO OPTIONAL FORM NO. 10
APPROVED BY GSA/IRMS 5/88
GSA FPMR (41CFR)201-45.4

STOCK FUND SUPPORT REQUEST

NATIONAL STOCK NUMBER (if known)

(Prepare in Triplicate)

INSTRUCTIONS

The form J5737 requests the S Organization to stock, store, and issue consumable supplies for Agency organizations and helps ensure that material will be available when required.

If there are any anticipated changes in established requirements, a new Form J5737 should be forwarded to the appropriate S71 item manager.

For information regarding the submission or change of a Form J5737, contact S71, Inventory Management, on 977-7131s or 688-6683b.

UNIT OF ISSUE	UNIT COST	MANUFACTURER	MANUFACTURER'S PART NO.	
NOMENCLATURE				
RECOMMENDED SOURCES	SHELF LIFE-MONTHS (No.)	DATE REQUIRED (allow 90 days)	REQUIREMENT (check one) Will Reorder: <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Insurance (qty)	
END ITEM APPLICATION	PROJECT DATES (From) (To)			
POINT OF CONTACT (Last) (First) (MI)	PHONE (Secure)	(Non-Secure)	ORGANIZATION	ROOM NUMBER
HAZARDOUS MATERIEL <input type="checkbox"/> YES If YES, Office of Environmental Safety, (O.E.S.), S21, Approval Required <input type="checkbox"/> NO		<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	S21 SAFETY REP SIGNATURE DATE RECEIVED PHONE (Secure) (Non-Secure)	
MISSION JUSTIFICATION				

IMPORTANT NOTICE

1. Specific Item/Sole Source Justifications must be attached and updated annually. Sole Source documentation must comply with the provisions of NSA/CSS Regulation 60-10.
2. All personnel should be aware that STOCKAGE OF SUPPLIES INCURS COSTS IN FUNDING, MANPOWER AND WAREHOUSE SPACE. As such, each employee has an obligation to ensure that supplies be used in the most effective manner and for official purposes only.
3. If addition of a new item to the supply system will require a significant investment of stock funds, the originator may be required to provide certification from N445 that funding is available to support the request.

CERTIFICATION				S71 USE ONLY
CERTIFYING AUTHORITY FOR REQUIREMENT (Alpha +2 level)	TITLE	ORG	DATE	MANAGER'S INITIALS
BUDGET CONTROL OFFICER (Alpha +1 level)	TITLE	ORG	DATE	DATE COMPLETED

STOCK RELOCATION FORM

FORM J3893 REV JAN 2002 (Supersedes J3893 AUG 87 which is obsolete)

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

STORAGE REQUEST NUMBER

DATE _____

(Check appropriate block)

OF

SPECIAL INSTRUCTIONS:

1. LL1 is responsible for ensuring materials and equipment accepted for storage are properly stored and protected. If items being placed in storage require special protection, packaging, or storage environment, please document those requirements and attach to this form. Please contact the Dorsey Road Warehouse on 301-688-7123 for further instructions.
2. Only UNCLASSIFIED material can be placed in storage.
3. Group identical items together and annotate total quantity.

TO (Storage Org)	ORG REQUESTING STORAGE	KEY COMPONENT	PROJECT NAME (if applicable)			
POINT OF CONTACT	PHONE (Secure)	(Non-Secure)	ORG.	ROOM NUMBER	BUILDING	ORGANIZATION OF OWNERSHIP (IF OTHER THAN PREVIOUS):

STORAGE JUSTIFICATION AND CERTIFICATION THAT ALL MANUALS ARE UNCLASSIFIED AND ALL EQUIPMENT HAS BEEN SANITIZED.

STORAGE PERIOD
(up to 1 year)

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

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

[illegible]

LL1 APPROVAL (Signature & Date)

LL1 WITHDRAWAL (Signature & Date)

RECEIVED BY (Typed/Printed Name, Signature & Date) (To be completed by customer when removing material)

STORAGE REQUEST NUMBER

*This Continuation Sheet, Form J9497c **MUST** be used in conjunction with and attached to Form J9497, Storage Request/Withdrawal, prior to submission. If basic Form J9497 is not attached, this continuation sheet will be returned unprocessed.*

DATE _____

PAGE

DE

LL1 APPROVAL (Signature & Date)

LL1 WITHDRAWAL (Signature & Date)

RECEIVED BY (Typed/Printed Name, Signature & Date) (To be completed by customer when removing material)

STU-III KEY ORDER REQUEST

(INSTRUCTIONS ON REVERSE)

1. FROM <div style="text-align: right;">USER REP/EKMS ID</div>	3. CURRENT DATE (yr/mo/da)	4. U/R TRANSACTION NUMBER
	5. TYPE OF KEY <div style="display: flex; justify-content: space-between;"> <div>Type 2</div> <div>Type1 Seed</div> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Type 1 Operational</div>	6. KMODC ORDER NUMBER
2. TO <div style="text-align: right;"> EKMS Central Facility P.O. Box 718 Finksburg, MD 21048-0718 </div>	7. EKMS STU-III KEY ORDER (YES, if STU-III will support LMD) <div style="display: flex; justify-content: flex-end; align-items: center; gap: 20px;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>	
	8. SPECIAL INSTRUCTIONS	

[illegible]

17. SHIP TO	COMSEC ACCOUNT NO.	18. SIGNATURE OR USER REPRESENTATIVE
Approved for Release by NSA on 02-16-2007, FOIA Case # 42877		19. TYPED OR STAMPED NAME
		20. PHONE NUMBER

DOCID: 3115189 INSTRUCTIONS FOR THE STU-III KEY ORDER FORM
(More detailed procedures may be found in FSVS-120 Key Management Plan.)

(For Clarity and Legibility **ALL** data should be entered in Blocks 9-15 with a typewriter 10 pitch font placing one character per indicated space using a character/space format.)

- BLOCK 1 . . . Enter the name, address and User Representative number of the User Representative submitting the key order.
- BLOCK 2 . . . Address of the EKMS/Central Facility
- BLOCK 3 . . . Enter the date the key order is submitted.
- BLOCK 4 . . . Enter Transaction Number (8 digits) for this key order. Format of this number is YYMMXXXX where YY is the year, MM is the month, and XXXX is the sequence number of the transaction within the month.
- BLOCK 5 . . . Indicate the type of key desired for this order by placing an "X" in the proper square. A separate key order form must be submitted for each type of key ordered. (Type II, Type I Seed, Type I Operational). ONE KEY TYPE PER ORDER.
- BLOCK 6 . . . Leave blank. (Number will be provided by EKMS CF).
- BLOCK 7 . . . Check appropriate block. EKMS STU-III key is required when the STU-III is used in conjunction with a Local Management Device (LMD).
- BLOCK 8 . . . Enter any special instructions to the EKMS CF staff (e.g., specific shipping requests - DCS, Registered Mail - urgency, etc.)
- BLOCK 9 . . . Enter order item number.
- BLOCK 10 . . . Indicate the number of keys required for this order item. A maximum of 400 keys may be requested on one order.
- BLOCK 11 . . . Indicate the classification of Type I key by placing an "X" in the proper classification square. For Type II key, leave square blank.
- BLOCK 12 . . . Enter appropriate two-digit Class 6 code for key, if desired. (The User Representative must have the key ordering privilege for the Class 6 code requested).
- BLOCK 13 . . . Enter appropriate DAO code for key. (NOTE: User Representative must have key ordering privilege for the DAO code identified).
- BLOCK 14 . . . If YES was checked in block 7, enter EKMS ID number.
- BLOCK 15 . . . Enter any additional identification (ID) information for key. This information will be displayed on the terminal display following the DAO description. If the DAO description is one line, two lines of additional ID data can be added; if the DAO description is two lines, only one line of additional ID data can be added. DO NOT REPEAT YOUR DAO DESCRIPTION. The DAO description, additional I.D. and class 6 code (which takes up 9 spaces) cannot exceed 51 characters.
- BLOCK 16 . . . NOT USED BY THE EKMS CF. For local use by the User Representative only.
- BLOCK 17 . . . Enter the address and account number of the receiving COMSEC account. All key on a single order form must be sent to a single COMSEC account. The EKMS CF will send keys to registered COMSEC account address existing in the CF's database.
- BLOCK 18 . . . The User Representative must sign this block.
- BLOCK 19 . . . Type, print or stamp the User Representative's name.
- BLOCK 20 . . . Type or print User Representative's phone number.
- BLOCK 21 . . . Indicate page number of this page and total number of pages in key order.

SUPERVISOR SECURITY EVALUATION

PLEASE NOTE: The supervisor **WILL NOT** review the employee's security forms.

INSTRUCTIONS: Supervisors are required to complete a Supervisor Security Evaluation (SSE) of subordinates as part of their reinvestigation. The subordinate will seal his/her completed security forms in a small envelope and provide this, a larger pre-addressed envelope and the SSE to his/her supervisor. After the supervisor completes the SSE, he/she will place it and the small, sealed envelope in the larger envelope. The entire package will be forwarded to Q233.

EMPLOYEE'S NAME

PERSONNEL SECURITY EVALUATION CRITERIA

- a. Conduct which suggests possible involvement in espionage, sabotage, or subversion;
- b. Indications of disloyalty to the U.S. (*this would include disloyalty to the U.S. on the part of a close relative of the employee or on the part of an associate with whom the employee is bound by affection or obligation*);
- c. Involvement in outside activities or employment which might create a potential conflict with the individual's responsibility to protect classified information from unauthorized disclosure;
- d. Indications of poor judgement, indiscretion, unreliability, or untrustworthiness which suggests that the employee may be unsuitable for continued access to classified information or assignment to sensitive duties;
- e. Exploitable personal conduct / lifestyle which might subject the employee to undue influence, duress, or blackmail;
- f. Unreported Unofficial Foreign Travel;
- g. Unreported close and continuing association with a non-U.S. citizen;
- h. Excessive indebtedness, financial irresponsibility, or unexplained affluence (*evidence of living beyond one's means*);
- i. Use / involvement with controlled substances / illegal drugs since entering on duty;
- j. Alcohol abuse;
- k. Evidence of an emotional, mental, or nervous disorder (*to include consultation with a psychologist, psychiatrist, or counselor for such a problem*);
- l. Involvement in criminal activity or a record of law violations;
- m. Deliberate violations of security regulations and policies;
- n. Negligence or carelessness in performance of individual security responsibilities.

☐ I **AM NOT** AWARE OF INFORMATION PERTAINING TO THE ABOVE CRITERIA OR ANY OTHER INFORMATION WHICH MIGHT AFFECT THIS EMPLOYEE'S ABILITY TO PROTECT CLASSIFIED MATERIAL.

☐ I **AM** AWARE OF INFORMATION PERTAINING TO THE ABOVE CRITERIA OR ANY OTHER INFORMATION WHICH MIGHT AFFECT THIS EMPLOYEE'S ABILITY TO PROTECT CLASSIFIED MATERIAL.

SUPERVISOR'S NAME (Print)

TITLE

SIGNATURE

DATE

PHONE

NAME (Last)	(First)	(MI)	SOCIAL SECURITY NUMBER	LOCALITY CODE OF COUNTRY ASSIGNED
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INSTRUCTIONS

Each employee authorized a Living Quarters Allowance (LQA) is to submit an actual expense SF 1190 with Supplement at the end of lease year. If lease is for more than one year, employee will submit actual expenses annually on anniversary of lease. If no annual lease exists, employee will submit actual expenses annually on anniversary of moving into permanent quarters for which an LQA is payable.

Submit reproduction of all bills. Employee is to hold original. All bills must be for actual paid expenses and contain the following information: Date of Bill; Date of Payment; If bill is not in English, supply a translation of basic data. Bill or translation must identify what bill is for, period covered, and amount; Exchange rate in effect when payment was made; Any additional information that will assist in computing your actual expenses.

Use separate line below, for each bill. Use additional sheets if necessary. For each entry write the Bill Number (left column) on the bill.

BILL NO.	DATE BILL PAID (YYYY-MM-DD)	EXCHANGE RATE \$U.S.-FGN. CUR.	BILLS IN FOREIGN CURRENCY						COST (U.S. Dollars)	REMARKS		
			RENT	HEAT	ELECTRIC		OIL	WATER			ELECTRIC	OTHER (Specify)
					OTHER (Specify)							
1												
2												
3												
4												
5												
6												
7												
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02-16-2007, FOIA Case #42877

SUPPLEMENT TO SF 1190

(Continued)

		NAME (Last) (First) (MI)			SOCIAL SECURITY NUMBER		LOCALITY CODE OF COUNTRY ASSIGNED			
BILL NO.	DATE BILL PAID (YYYY-MM-DD)	EXCHANGE RATE \$U.S.-FGN. CUR.	BILLS IN FOREIGN CURRENCY						COST (U.S. Dollars)	REMARKS
			RENT	HEAT	ELECTRIC	OIL	WATER	ELECTRIC		
23										
24										
25										
26										
27										
28										
29										
30										
31										
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50										

DOCID: 3115195

DOCID: 3115196
SUPPLEMENT TO FORM SF 86

Privacy Act Statement on SF 86 applies

WHERE YOU HAVE LIVED: If you resided overseas, provide the name of one additional person (other than listed on the SF 86 #9) who currently resides in the United States and who can verify your residence and activities.

Month/Year #1	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code Telephone Number ()
Month/Year #2	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code Telephone Number ()
Month/Year #3	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code Telephone Number ()
Month/Year #4	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code Telephone Number ()
Month/Year #5	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code Telephone Number ()

FOREIGN TRAVEL: If you have no reportable foreign travel, enter **NONE**.

COUNTRY/CITY	DATES	NAMES AND ADDRESSES OF INDIVIDUALS IN THE U.S. WHO CAN VERIFY TRAVEL

FOREIGN NATIONAL ASSOCIATIONS: If you have no reportable foreign national associations, enter **NONE**.

FULL NAME		
CITIZENSHIP		
DATE AND PLACE OF BIRTH		
AGE AND SEX		
OCCUPATION		
NAME OF EMPLOYER AND ADDRESS		
DATE FIRST MET		
DATE OF LAST CONTACT		
FREQUENCY OF CONTACT		
NATURE OF RELATIONSHIP		

DOCID: 3115196
SUPPLEMENT TO FORM SF 86 (Continued)

IMMEDIATE FAMILY: (Includes mother, father, spouse, brothers, sisters, children, and any other person residing in your household)

IS ANY MEMBER OF YOUR IMMEDIATE FAMILY EMPLOYED BY OR OTHERWISE AFFILIATED WITH A FOREIGN BUSINESS OR FOREIGN GOVERNMENT AGENCY?
(If YES, explain. If NO, enter NONE.)

ARE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY THE SUBJECT OF ANY LITIGATION OR INVESTIGATION, OR UNDER INDICTMENT BY ANY AGENCY OR DEPARTMENT OF THE UNITED STATES, STATE, OR LOCAL GOVERNMENT? (If YES, explain. If NO, enter NONE.)

ADDITIONAL INFORMATION

EMPLOYER OF FATHER	EMPLOYER OF MOTHER	EMPLOYER OF SPOUSE
EMPLOYER'S ADDRESS	EMPLOYER'S ADDRESS	EMPLOYER'S ADDRESS

HAVE YOU EVER MADE OR DO YOU PRESENTLY HAVE APPLICATION FOR EMPLOYMENT PENDING WITH ANY GOVERNMENT AGENCY? (If YES, give agency, date of application, and whether accepted.)

HAVE YOU EVER BEEN POLYGRAPHED? (If YES, list when, where, by whom, and for what purpose.)

NAME OF PERSON COMPLETING FORM	SOCIAL SECURITY NUMBER
SIGNATURE	DATE

GENERAL INFORMATION

5. * **MUST** be approved by your Budget Control Officer

FUND CITE FOR SPECIAL PROJECTREMARKS

FORM J3353 REV OCT 2001 (Supersedes J3353 REV MAR 2001 which is obsolete)

SECURITY CLASSIFICATION (if any)

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

SHORT TITLE

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

PAGE NO.

OF

REMARKS

FORM J3860 REV NOV 93

NSN: 7540-FM-001-3938

PACK/SHIP TO:				REFERENCE		
				MSG NO.	EFR NO.	OPREQ
DATE	PRIORITY	CORE	DEL BY DATE			
P O R T MATERIAL (Admin Pouches ONLY)		PROJECT				

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

HEADQUARTERS USE ONLY		WT.	PC.	CU.
RECEIVED BY	DATE			
TASK ORDER NUMBER	DATE SHIPPED	POUCH NUMBER		

SECURITY CLASSIFICATION

TASK ORDER (Continuation)

PAGE NO.

OF

[illegible]

REGISTRY CONTROL NUMBER

DATE SHIPPED

POUCH NUMBER	
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FORM J3860A REV NOV 93 (Supersedes J3860A REV FEB 92 which is obsolete)
NSN 7540-FM-001-5356

SECURITY CLASSIFICATION

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

SECURITY CLASSIFICATION

TECHNICAL TRACK PROGRAM REVIEW

DATE

NAME (LAST)		(FIRST)	(MI)	SID	SSN
ORGANIZATION	BUILDING		NON-SECURE PHONE		SECURE PHONE
<input type="checkbox"/> APPLICATION	<input type="checkbox"/> PERIODIC REVIEW		CAREER FIELD		

REFERENCE CRITERIA FOR WHICH YOU ARE APPLYING. LIST CATEGORIES, SUBCATEGORIES, AND ASSOCIATED ACTIVITIES FROM THE CRITERIA OF THE CAREER FIELD FOR WHICH YOU ARE APPLYING. MAKE CROSS-REFERENCE TO ANY ATTACHED DOCUMENTATION, E.G. INTERNAL STAFFING RESUME, PERSONNEL SUMMARY, ETC. (Use additional sheet if necessary)

I, the employee, certify the above information is true and accurate.	EMPLOYEE SIGNATURE	DATE
I, the supervisor, certify the employee is currently active in skill field.	SUPERVISOR SIGNATURE	
I, the career panel, verified certification and aspirant status has been entered in M204.	CAREER PANEL SIGNATURE	

TECHNICAL TRACK REVIEW PANEL USE ONLY		CAREER PANEL USE ONLY	
TTRP	LEVEL ASSIGNED	M204 DATABASE LEVEL ENTERED / DATE	PERIODIC REVIEW DUE
TTRP CHAIRMAN SIGNATURE		COMMENTS	
COMMENTS			
THAB APPROVAL (Master Only)		DATE	

TELEPHONE DAILY LOG

NOTICE!!

ALL calls MUST be recorded below.

[illegible]

FORM K4107 REV MAR 98 (Supersedes K4107 REV FEB 97 which is obsolete)
NSN. 7540-FM-001-4012

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

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

TELEPHONE DAILY LOG

NOTICE!!

ALL calls **MUST** be recorded below.

[illegible]

FORM K4107 REV MAR 98 - Reverse
NSN: 7540-FM-001-4012

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

DOCID: 3115204

TEMPORARY QUARTERS SUBSISTENCE EXPENSE (TQSE)

(Supplement to DD Form 1351-2)

COMPLETE REVERSE SIDE AND ATTACH RECEIPTS

PRIVACY ACT STATEMENT: Authority for collecting information requested on this form is contained in 50 U.S.C. 402 note, 5 U.S.C. 5923, and Executive Order 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 information. Authority for requesting your Social Security Number is Executive Order 9397. Information you provide will be used to verify your claim for reimbursement of expenses associated with temporary quarters lodging. 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 reimbursement. If you decline to provide your SSN, there may be a delay in processing your request for reimbursement.

NOTE: TQSE reimburses you for the costs actually incurred (up to a maximum amount) while your family occupies temporary quarters, because of a permanent change of station to a new station within the United States or its territories.

If you are entering temporary quarters prior to departure from your old duty station you must vacate your permanent quarters prior to entering temporary quarters. Further, there must be a compelling reason for leaving permanent quarters, i.e., your household goods have been picked up. If you are in temporary quarters preparatory to entering your permanent quarters, you are expected to move into your permanent quarters, at the earliest practicable time. Expenses incident to TQSE which may be reimbursed include:

- Lodging (For you and your family. Receipts required.)
- Laundry and Dry Cleaning (Attach receipts and itemize coin operated laundry expenses.)
- Groceries (Purchased to prepare meals in your temporary quarters.) Receipts required for purchases exceeding \$75.00.
- Meals Eaten at Restaurants (Each meal must be itemized.) Receipts required for restaurant bills exceeding \$75.00.
- 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)																						
PERMANENT RESIDENCE (Address)	OLD STATION	DATE VACATED (YYYY-MM-DD)																							
	NEW STATION	DATE OCCUPIED (YYYY-MM-DD)																							
HOUSEHOLD GOODS																									
DATE (picked-up at old residence) (YYYY-MM-DD)		DATE (delivered to new residence) (YYYY-MM-DD)																							
<p>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. If all family members stayed at the establishment, write "ALL").</p> <table border="1"> <thead> <tr> <th rowspan="2">ESTABLISHMENT AND ADDRESS</th> <th rowspan="2">NAMES OF OCCUPANTS</th> <th colspan="2">INCLUSIVE DATES (YYYY-MM-DD)</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				ESTABLISHMENT AND ADDRESS	NAMES OF OCCUPANTS	INCLUSIVE DATES (YYYY-MM-DD)		FROM	TO																
ESTABLISHMENT AND ADDRESS	NAMES OF OCCUPANTS	INCLUSIVE DATES (YYYY-MM-DD)																							
		FROM	TO																						
SIGNATURE		DATE																							

FORM F8550S1 REV MAR 2001 (Supersedes F8550S1 REV JUL 98 which is obsolete)
NSN: 7540-FM-001-1748

(over)

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02-16-2007, FOIA Case #42877

(continued)

DAY	DATE	ROOM (Receipts required)	GROCERIES (Receipts required for purchases OVER \$75.00)	COIN LAUNDRY	LAUNDRY AND DRY CLEANING (Receipts required)	OTHER (specify)	MEALS (plus tips) (Receipts required for meals OVER \$75.00)			DAILY TOTAL
							BREAKFAST	LUNCH	DINNER	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
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25										
26										
27										
28										
29										
30										
TOTALS										

DOCID: 3115204

TESTING SCHEDULE

						BATTERY	ROOM	DATE	TIME
NAME	ORG	SSN	CIV/ MIL*	TEST/ RETEST	LANGUAGE	FORM USED	SERIAL NUMBER	SCHEDULED BY	
								NAME	ORG
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
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22.									
23.									
24.									
25.									

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02-16-2007, FOIA Case #42877

THINGS TO DO TODAY		DATE	
		COMPLETED	
		YES	NO
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
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15			
16			
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18			
19			
20			

FORM A5083 NOV 82
NSN: 7540-FM-001-3067

FORWARD COMPLETED FORM TO: DF22 (Payroll)**TIME AND ATTENDANCE AUTHORIZATION FOR CERTIFICATION OF SIGNATURE**
(REFERENCE: PMM 30-2, Chapter 360-2)

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; and Executive Order 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. Information you provide will be used (primarily) to identify individuals authorized to certify Time and Attendance Cards. Disclosure of requested information, including your SSN, is voluntary. However, failure to furnish requested information, other than your SSN, may affect Agency's grant of authority to certify Time and Attendance Cards.

SSN	NAME (Last, First, Middle)
EFFECTIVE DATE (Year, Month, Day)	*SIGNATURE

THE INDIVIDUAL WHOSE SIGNATURE APPEARS HEREON IS:

<input type="checkbox"/>	S	a supervisor and may certify T/A cards for the assigned and any subordinate organizations.	
<input type="checkbox"/>	T	authorized to certify selected T/A cards. Documentation has been submitted to Payroll.	
ASSIGNED ORG.		GRADE OF APPLICANT	OUTSIDE PHONE NO.
APPROVING OFFICER'S NAME			APPROVING OFFICER'S TITLE
APPROVING OFFICER'S SIGNATURE			APPROVING OFFICER'S ORGANIZATION

FORM P1434 REV SEP 2000 (Supersedes P1434 REV FEB 99 which is obsolete)

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

TIMESHEET FORMAT 1

[illegible]

TIMESHEET FORMAT 2

SSN			NAME								PLT ROT SFT ROT		PERIOD ENDING		SEQ #						
BLK/GRP		ACT UIC (Agency)		DIST (Org)										HOURS OF WORK (From) (To)							
STD JON																					
	A _W S	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT						
TOUR																					
TYPE/SHIFT																					
GRADED NITE DIFF																					
JOB ORDER NUMBER					*TYPE HOUR	WEEK	SUN	MON	TUE	WED	THU	FRI	SAT	INIT							
						1															
						2															
						1															
						2															
						1															
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						2															
						1															
						2															
REG		OT		COMP/ CREDIT		HOL		SUN		2ND		3RD		ND		E/H		LV		NP/LV	
	WEEK 1				WEEK 2				*Type Hour Codes (Additional codes are available in the timekeeper manual)												
	IN	OUT	IN	OUT	IN	OUT	IN	OUT													
SUN																					
MON																					
TUE																					
WED																					
THU																					
FRI																					
SAT																					
CERTIFICATION: Attendances and absences certified correct. Overtime approved in accordance with existing laws and regulations. For non-exempt FLSA, I did not suffer or permit any overtime work other than as reported for this pay period.										REMARKS											
AUTHORIZED SIGNATURE																					
PHONE (Secure) (Non-Secure)																					

SECURITY CLASSIFICATION

DOCUMENT TO

INSTRUCTIONS

1. Complete all blocks.
2. The preparer must provide a copy of this form (to include the signature of both the preparer and receiver) to the appropriate PO.
3. The PO will make the necessary changes to the Property Database unless the transfer is between UICs, then a copy must be provided to the PAO for changes to be made to the Property Database.

FROM: ORG	ROOM	SECURE PHONE	PRINTED NAME	SIGNATURE	DATE
TO: ORG	ROOM	SECURE PHONE	PRINTED NAME	SIGNATURE	DATE

ACCEPTING PROPERTY OFFICER SIGNATURE

DATE _____

[illegible]

SECURITY CLASSIFICATION

COPY DESIGNATION:

ORIGINAL - PO/PAO; COPY - Customer

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

INSTRUCTIONS ON REVERSE!!

1. SECURITY CLASSIFICATION

TRANSMITTAL OF MATERIAL

2. Acknowledge receipt of this material by executing and returning the below receipt.

- ☐ This transmittal may be downgraded to _____ upon removal of the enclosure(s).
- ☐ This transmittal may be declassified upon removal of the enclosure(s).

3. TO	4. FROM (Return Address)	5. CONTROL NUMBER	6. PREPARATION DATE
		7. WRAPPED <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> D	8. FORM A1295A ENCLOSED <input type="checkbox"/> YES <input type="checkbox"/> NO
		9. NUMBER OF PACKAGES	10. COMSEC <input type="checkbox"/> YES <input type="checkbox"/> NO
DCS ACCOUNT NUMBER		REMARKS	

11. ITEM NO. COPY OR SERIAL NO.	UNCLASSIFIED TITLE/ DESCRIPTION OF ITEM	CLASS. OF ITEM (abbreviated)

12. JUSTIFICATION (For Special Handling)

13. PREPARED BY (Typed Name)	(Signature)	14. ORG.	15. PHONE
------------------------------	-------------	----------	-----------

FORM A1295A REV MAY 2000 (Supersedes A1295A REV DEC 94 which will be used until depleted)
NSN: 7540 FM-001-3736

1. SECURITY CLASSIFICATION

DO NOT STAMP RECEIPT PORTION WITH CLASSIFICATION**RECEIPT****(Please sign and return immediately. Avoid tracer action)**

RETURN TO	FROM	Receipt is hereby acknowledged for the material or documents listed under this control number.
		CONTROL NUMBER
		DATE RECEIVED
		NAME (Typed or Printed)
		SIGNATURE

FORM A1295A REV MAY 2000 (Supersedes A1295A REV DEC 94 which will be used until depleted)
NSN: 7540 FM 001-3736Approved for Release by NSA on
02-16-2007, FOIA Case # 42877

INSTRUCTIONS

UNWRAPPED Material, Form A1295A, must be prepared in triplicate by the originator of any unwrapped classified correspondence. *(one to be retained by the originator and two copies are to be forwarded with material.)*

PREWRAPPED Material, Form A1295A, must be prepared in triplicate by the originator of any prewrapped classified correspondence. *(one to be retained by the originator, one to be included in the first wrap and one attached to the material.)*

1. The classification will be stamped at the Top and Bottom of the transmittal portion of the form in the appropriate block. Codewords and Caveats will never appear on the transmittal. When the material is SCI, the transmittal must be stamped with "Appended Documents Contain Sensitive Compartmented Information."
2. The transmittal downgrade/ declassify block must be marked.
3. "To" Block - Type complete address for Mailing
Type complete Inner and Outer address for DCS.
4. "From" - Type complete return address.
5. Add your office control number *(all classified material **MUST** have a control number.)*
6. The date the form was prepared.
7. Wrapped: U - Unwrapped
 S - Single wrapped
 D - Double wrapped
8. A1295A enclosed: Y-for Yes; N-for No *(all classified material **MUST** have an 1295A enclosed.)*
9. Number of packages being sent *(not the number of items listed on A1295A.)*
10. Comsec: Y-for Yes; N-for No
11. Give an unclassified description of material to include a page count/number of copies. Abbreviate the classification in the Class. of Item column.
12. Need specific details for anything other than routine mailing, i.e., Such as date & reason required by recipient for delivery via Express Mail *(all Express Mail must be wrapped by the originator).*
13. Type name of individual preparing form and sign using a ballpoint pen.
14. & 15. Type in your organization and secure or non-secure phone number.
16. Receipt portion: Return to, From and Control number must be completed.

SECURITY CLASSIFICATION

TRANSMITTAL OF MATERIAL

Acknowledge receipt of this material by executing and returning the below receipt.

- ☐ This transmittal may be downgraded to _____ upon removal of the enclosure(s).
☐ This transmittal may be declassified upon removal of the enclosure(s).

TO	CONTROL NUMBER	PREPARATION DATE
	WRAPPED <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> D	FORM A1295B ENCLOSED <input type="checkbox"/> YES <input type="checkbox"/> NO
FROM	NUMBER OF PACKAGES	COMSEC <input type="checkbox"/> YES <input type="checkbox"/> NO
	DCS ACCOUNT NUMBER	

ITEM NO. COPY OR SERIAL NO.	UNCLASSIFIED TITLE/ DESCRIPTION OF ITEM	CLASS. OF ITEM (abbreviated)

JUSTIFICATION (For Special Handling)

PREPARED BY (Typed Name)	(Signature)	ORG.	PHONE
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FORM A1295B MAY 97 - ENGRAFT
NSN: 7540-FM-001-5603

SECURITY CLASSIFICATION

DO NOT STAMP RECEIPT PORTION WITH CLASSIFICATION**RECEIPT***(Please sign and return immediately. Avoid tracer action)*

RETURN TO	Receipt is hereby acknowledged for the material or documents listed under this control number.
FROM	SIGNATURE
	NAME (Typed or Printed)
	DATE RECEIVED
	CONTROL NUMBER

FORM A1295B MAY 97 - ENGRAFT
NSN: 7540-FM-001-5603Approved for Release by NSA on
02-16-2007, FOIA Case # 42877

TRANSMITTAL RECORD For use of this form, see AR25-50; the proponent agency is OD/SC4				1. SECURITY CLASSIFICATION		2. SHIPMENT NO.	
				4. AS OF DATE		5. SHIPMENT DATE	
3. TITLE/FILE IDENTIFICATION				YEAR	MONTH	DAY	YEAR
				MONTH	DAY	MONTH	DAY
6. AUTHORITY FOR SHIPMENT				7. NUMBER OF RECORDS TRANSMITTED			
8. PERSON TO CONTACT (Name and telephone)				9. REQUIREMENT CONTROL SYMBOL (AR 335-15)			
10. Type of Media Transmitted							
Hard Copy		Punched Cards		Cassettes			
Microfilm		Photo		Fiche			
11. NUMBER OF BOXES/PACKAGES				12. NUMBER OF ITEMS			
13. Method of Shipment							
Courier		First Class		Parcel Post			
Express Mail		Registered					
14. SHIPPED TO <input type="checkbox"/> Return Receipt Requested (When box is checked, sign below and return copy to sender)				15. SHIPPED FROM			
14a. TYPED NAME AND TITLE OF RECEIVER				15a. TYPED NAME AND TITLE OF SENDER			
14b. SIGNATURE OF RECEIVER AND DATE				15b. SIGNATURE OF SENDER			
16. SPECIAL INSTRUCTIONS							
17. TYPE COMPONENT USED (for magnetically recorded data)							
18. REMARKS							

TRAVEL MEDICINE FLOW CHART

DATE _____

[illegible]

ALLERGIES

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

NAME _____

TRAVEL VOUCHER				BUREAU VOUCHER NUMBER		D.O. VOUCHER NO.	
I. PAYMENT FOR						PAID BY	
1. ADVANCE OF TRAVEL ALLOWANCES (TDY/TAD)		6. TRANSPORTATION OF DEPENDENTS					
2. ADVANCE OF TRAVEL ALLOWANCES (PCS)		7. DISLOCATION ALLOWANCE					
3. ACCURED PER DIEM FOR TDY/TAD		8. TRAILER ALLOWANCE					
4. SETTLEMENT OF TDY/TAD TRAVEL		9.					
5. SETTLEMENT OF PCS TRAVEL		10.					
II. INDIVIDUAL PAYMENT							
1. PAYEE (Last Name, First, Middle Initial)				2. RANK OR GRADE		3. SERVICE NUMBER	
4. ORGANIZATION AND STATION							
5. TRAVEL ORDER							
6. ADVANCE OF TRAVEL ALLOWANCES ELECTED BY ABOVE-NAMED MEMBER AS FOLLOWS:							
7. CHECK NUMBER		8. CHECK DATE		9. AMOUNT PAID		10. DATE PAID	
11. RECEIVED IN CASH (Signature of payee)							
III. PAYMENTS CONSOLIDATED							
1. PER SUBVOUCHER NO.		THROUGH		ATTACHED.		2. PER TRAVEL ALLOWANCE PAYMENT LISTS ATTACHED.	
IV. APPROVED FOR PAYMENT (When required by individual service regulations)							
1. TYPED NAME AND TITLE				2. SIGNATURE			
V. REMARKS							
VI. ACCOUNTING CLASSIFICATION(S)							
						\$	
COMPUTED BY		AUDITED BY		POSTED TO TVL RECORD BY		DATE ENTERED	
						AMOUNT PAID	

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in Remarks.			
1. PAYMENT REQUIRED BY (X one)		2. TYPE OF PAYMENT (X as applicable)			3. FOR D.O. USE ONLY		
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> ELECTRONIC FUND TRANSFER		<input type="checkbox"/> TDY/TAD <input type="checkbox"/> PCS <input type="checkbox"/> OTHER <input type="checkbox"/> Member/Employee <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA			a. D.O. VOUCHER NUMBER		
4. NAME (Last, First, Middle Initial) (Print or type)			5. GRADE	6. SSN		b. SUBVOUCHER NUMBER	
7. ADDRESS a. NUMBER AND STREET		b. CITY		c. STATE	d. ZIP CODE	c. PAID BY	
8. TELEPHONE NUMBER (Include Area Code)		9. TRAVEL ORDER NUMBER		10. PREVIOUS PAYMENTS/ ADVANCES			
11. ORGANIZATION AND STATION				13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)			
12. DEPENDENT(S) (X and complete as applicable)							
a. ACCOMPANIED		b. UNACCOMPANIED					
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE				
				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)			
				<input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)			
15. ITINERARY				d. COMPUTATIONS			
a. DATE	b. LOCAL TIME (24 hour)	c. PLACE (Home, Office, Base, Activity, City and State, City and Country, etc.)		d. MEANS/ MODE OF TRAVEL	e. REASON FOR STOP	f. NUMBER OF MEALS	
19__						(1) Gov't (B-L-D) (2) Ded (B-L-D)	
	DEP					g. POC MILES	
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PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5701, 37 USC 404-427, and E.O. 9397.

PRINCIPAL PURPOSE(S): Used for reviewing, approving, accounting and disbursing for official travel. SSN is used to maintain a numerical identification system for individual claims.

ROUTINE USE(S): To substantiate claims for reimbursement for official travel.

DISCLOSURE: Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS**REQUIRED ATTACHMENTS**

1. Original and/or legible copies of all travel orders and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR or ticket used.
5. Hotel/motel receipts and any item of expense claimed in excess of \$25.00.
6. Other attachments will be as directed.

DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, Vol. 1 App. A and JTR, Vol. 2 App. D for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

ITEM 15. ITINERARY - SYMBOLS**15d. Means/Mode of Travel (Use two letters)**

GTR/KT	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation	- C	Bus	- B
(Own expense)		Plane	- P
Privately Owned Conveyance (POC)	- P	Rail	- R
		Vessel	- V

15e. Reason for Stop

Awaiting Transportation	- AT
Leave En Route	- LV
Mission Complete	- MC
Authorized Delay	- AD
Temporary Duty	- TD

15f. Number of Meals

Breakfast - B	Lunch - L	Dinner - D
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30. REMARKS

TSEC NOMENCLATURE REQUEST

TO: Y13	THRU: I412, DDI/CAO	FROM:
---------	---------------------	-------

- | | |
|--|--|
| <p>1. Short Title:</p> <ul style="list-style-type: none">a. Descriptive Digraph or Trigraphb. Item Numberc. Model Designator if applicable (X, V, E, P, N) <p>2. Long Title and Classification, i.e., (TS), (S), (C), (U)</p> <p>3. Classification of item (TS, S, C, U)</p> <p>4. Special Markings, e.g., CCI</p> | <p>5. Accounting Legend:</p> <p>ALC-1: Continuous Accountability by Serial Number within the CMCS</p> <p>ALC-2: Continuous Accountability by Quality within the CMCS</p> <p>ALC-4: Initial receipt required; May be controlled in accordance with Service or Agency Directives</p> |
|--|--|

1. SHORT TITLE			2. LONG TITLE	3. CLASSIFICATION	4. SPECIAL MARKINGS	5. ACCTG. LEGEND
A	B	C				

SIGNATURE	DATE	SIGNATURE (I412)	DATE
-----------	------	------------------	------

REMARKS: Further information regarding this action may be obtained from _____

It is requested that I412 and DDI/CAO complete applicable portions of this form and forward it to Y13 for processing.

REMARKS (I412 & DDI/CAO)

TO	FROM:	DATE
SIGNATURE	COPIES FURNISHED	

NOMENCLATURE IS ASSIGNED AS REQUESTED ABOVE WITH THE FOLLOWING EXCEPTIONS:

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

(continued)

SUBJECT

[illegible]

1. For disposal of COMSEC equipment, contact your COMSEC Custodian.

2. **ALL** fields **MUST** be filled in. Mark "NA" if not applicable.

3. **ALL** forms must be submitted through your PAO or designee.

4. *Specially designated or modified items that require destruction. Mark "Y" on all items that require destruction. Use comment section for special security requirements.

COND CODE	BRIEF DESCRIPTION	EXPANDED DEFINITION
A	Serviceable	Property that is usable and will be advertised for reutilization.
F	Unserviceable/Repairable	Property that is not usable without repairs and will not be advertised for reutilization.
HX	Salvage (<i>Scrap, unrepairable equipment</i>)	Property has some value in excess of its basic content but repair or rehabilitation to use for original intended purpose is clearly impractical. Repair for any use would exceed % of the original acquisition cost.
HS	Scrap Material	Material has no value except for its basic material content (<i>i.e., scrap metal, cables, etc.</i>).

[illegible]

This form contains 5 sheets. A maximum of four (4) continuation sheets may be used.

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

SUBTOTAL (Page 1)			
GRAND TOTAL (All Pages)			

FROM NAME	ORG	TRANSFER DOCUMENT NO.
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[illegible]

~~DOCID: 3115235~~

This form contains 5 sheets. A maximum of four (4) continuation sheets may be used.

SUBTOTAL
(Page 2)

[illegible]

DOC ID: 3115235

[illegible]

DOCID: 3115235

~~DOCID: 3115235~~

~~FOR OFFICIAL USE ONLY~~**TYPE 2 PRODUCT
SPONSORSHIP/KEY
SERVICES REQUEST**
(Please Type or Print)Mail completed form to the address below and
one copy to customer identified in Block "C".National Security Agency
ATTN: V11, Suite 6740
9800 Savage Road
Ft. George G. Meade, MD 20755-6740**FOR NSA USE ONLY****A. FEDERAL SPONSOR INFORMATION**

NAME	DEPT AGENCY	ALTERNATE
ADDRESS		TELEPHONE
CITY/STATE/ZIP		

B. TRANSACTION TYPE

<input type="checkbox"/> NEW SPONSORSHIP	<input type="checkbox"/> MODIFY PREVIOUS INFORMATION	<input type="checkbox"/> ADDITIONAL KEY SERVICES AUTHORIZATION	<input type="checkbox"/> RESCIND SPONSORSHIP
COMMENTS/AUTHORIZED LIMITATIONS			

C. SPONSORED COMPANY OR ENTITY

COMPANY NAME	P.O.C.	ALTERNATE
ADDRESS	TELEPHONE	
CITY/STATE/ZIP		
KIND OF EQUIPMENT (e.g., STU-III, DS-3, etc.)		

D. CUSTOMER KEY ORDER/RECEIPT AUTHORIZATION
(Additional space on reverse side)

ORDER AND RECEIVE		RECEIVE <u>ONLY</u>	
NAME	FOR OFFICIAL USE ONLY	NAME	FOR OFFICIAL USE ONLY
ORG.	PHONE	ORG.	PHONE
ADDRESS		ADDRESS	
CITY/STATE/ZIP		CITY/STATE/ZIP	
NAME	FOR OFFICIAL USE ONLY	NAME	FOR OFFICIAL USE ONLY
ORG.	PHONE	ORG.	PHONE
ADDRESS		ADDRESS	
CITY/STATE/ZIP		CITY/STATE/ZIP	

E. By signing this form, the U.S. Government Representative certifies that the above sponsored U.S. entity may acquire Type 2 products to protect unclassified U.S. information. In addition, this signature certifies that a Type 2 EUCI Control Agreement is currently in effect between the sponsor and the customer.

SIGNATURE	DATE
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~~FOR OFFICIAL USE ONLY~~

~~FOR OFFICIAL USE ONLY~~

(continued)

D. CUSTOMER KEY ORDER/RECEIPT AUTHORIZATION
(continued)

ORDER AND RECEIVE		RECEIVE <u>ONLY</u>	
NAME	NSA USE ONLY	NAME	
ORG	PHONE	ORG.	PHONE
ADDRESS		ADDRESS	
CITY/STATE/ZIP		CITY/STATE/ZIP	
NAME	NSA USE ONLY	NAME	
ORG	PHONE	ORG.	PHONE
ADDRESS		ADDRESS	
CITY/STATE/ZIP		CITY/STATE/ZIP	
NAME	NSA USE ONLY	NAME	
ORG	PHONE	ORG.	PHONE
ADDRESS		ADDRESS	
CITY/STATE/ZIP		CITY/STATE/ZIP	
NAME	NSA USE ONLY	NAME	
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ADDRESS		ADDRESS	
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NAME	NSA USE ONLY	NAME	
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ADDRESS		ADDRESS	
CITY/STATE/ZIP		CITY/STATE/ZIP	
NAME	NSA USE ONLY	NAME	
ORG	PHONE	ORG.	PHONE
ADDRESS		ADDRESS	
CITY/STATE/ZIP		CITY/STATE/ZIP	

~~FOR OFFICIAL USE ONLY~~

DOCTP 3115238 URGENT CARE RECORD

DATE	TIME	AGE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	LMP	CURRENT MEDICATIONS	ALLERGIES	
HIEF COMPLAINT(S)							
					ORDERS	TIME	SIGNATURE
VITAL SIGNS							
ME							
P							
ULSE							
ESP							
EMP							
RG							
ULSE OX							

PATIENT ID		<input type="checkbox"/> CIV	<input type="checkbox"/> MIL RANK
REG	ORG	PHONE (Home)	(Work)

DISPOSITION		
NAME (FMD)	PHONE	NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO
ER PHYSICIAN		
PROVIDER SIGNATURE AND ID STAMP		

BGFO - BUREAU OF GOVERNMENT FINANCIAL OPERATIONS				NSN 7540-00-526-3709	
Standard Form No 1184 (Rev. 6-84) Prescribed by Dept. of the Treasury 1 TFRM 4-7000 1184-106 Previous Edition Unusable					
UNAVAILABLE CHECK CANCELLATION					
CK. SYM.	CK. SERIAL	CK. AMOUNT	CK. DATE	AGY./PAYEE ID NO.	
LINE CODE	STOP CD.	AGENCY CODE			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p style="text-align: center; margin-top: 0;">PAYEE NAME</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <p style="text-align: center; margin-top: 0;">ADDRESS</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <p style="text-align: center; margin-top: 0;">NAME OF DECEDENT</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> </div> <div style="width: 35%; border: 1px solid black; padding: 5px;"> <p style="font-size: x-small; margin-top: 0;">FOR D. O. USE</p> <p><input type="checkbox"/> Request processed</p> <p><input type="checkbox"/> Payment returned and cancelled by DO on _____</p> <p><input type="checkbox"/> No payment issued</p> <p><input type="checkbox"/> Incorrect/incomplete SF-1184</p> <p style="margin-top: 10px;">D. O. Activity _____</p> <p>(Signature) _____</p> </div> </div>					
D. OF DEATH	AMT. TO BE RECLAIMED	AGY. LOC. CODE	AGENCY OUTPUT		
AGENCY REFERENCE					
<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: x-small; margin-top: 0;">FOR AGENCY USE</p> <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 10px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Agency (Signature) </div> </div>					

NSA - FrameMaker 5.0
August 1998

SPECIAL INSTRUCTIONS

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

COPY DISTRIBUTION: ORIGINAL-Administrative Agency Will Forward To BGFO Through Disbursing Office
 DISBURSING OFFICE COPY-D.O. Retain This Copy For Internal Use
 AGENCY RECEIPT COPY-D.O. Send This Copy To Agency
 ADMINISTRATIVE AGENCY COPY-Agency Retain This Copy For Internal Use

NOTE: Remove and destroy this form when the furniture is reissued or released outside the Agency.

UNCLASSIFIED FURNITURE INSPECTION CERTIFICATE

TYPE	ID NO.
<input type="checkbox"/> CABINET <input type="checkbox"/> DESK <input type="checkbox"/> SAFE <input type="checkbox"/> OTHER (Specify)	

INSTRUCTIONS FOR RELEASING ELEMENTS

1. **READ THOROUGHLY** the detailed instructions affixed to the top of this form label. If you need assistance, contact your Security Coordinator.

2. Combination sales must be reset to the manufacturer's setting (L-50-R-25-L-50) and be locked.

3. Key lockable containers must be locked with the key(s) taped under or inside drawer/door handles.

4. Sign this form, remove backing sheet and affix to the inside of the desk pedestal or face of all other furniture. Dates and signatures must be visible.

5. Pickup of furniture must be requested from the DS organization. This may be accomplished by either e-mail (movedist@nsa) or by calling the DS CSC on 963-7444/(301) 688-1444. Ensure all doors/drawers are locked or taped shut. **Do not abandon in the hallway and do not continue to use.**

I certify that the above instructions have been complied with. I acknowledge that I may be held responsible for Agency materials subsequently discovered in the furniture identified above.

PRINTED NAME (Supervisor, Releasing Element)	SIGNATURE	ORG	NON-SECURE PHONE	DATE
--	-----------	-----	------------------	------

INSTRUCTIONS FOR SECURITY REPRESENTATIVE

1. Inspect furniture thoroughly to ensure it contains no classified, official or Agency-related material.

2. Sign in space provided below.

3. Affix to furniture that will be released to DS.

I have inspected the furniture and certify that it contains no classified, official or Agency-related material.

PRINTED NAME (Security Representative)	SIGNATURE	ORG	DATE
--	-----------	-----	------

INSTRUCTIONS FOR DS REPRESENTATIVE

1. Inspect furniture thoroughly. Remove and check under each drawer, leaf or part which might conceal material.

3. Sign in the space provided below.

2. If any classified, official or Agency-related material is located, secure the material and notify the Office of Facilities Security, ATTN: S41 or, if after duty hours, the SSOC, (301) 688-6911.

4. Ensure that this form remains affixed to the furniture while in storage.

5. Remove this form when the furniture is reissued or released outside the Agency.

I have inspected the furniture and certify that it contains no classified, official or Agency-related material.

PRINTED NAME (DS Representative)	SIGNATURE	ORG	DATE
----------------------------------	-----------	-----	------

FORM G6210 REV APR 98 (Supersedes G6210 REV OCT 92 which is obsolete)
NSN 7540-FM-001-1136

CUT HERE

CUT HERE

CUT HERE

SIZE: 8-1/2" x 7-1/2"

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

~~DO NOT CLASSIFY~~ FURNITURE INSPECTION CERTIFICATE

INSTRUCTIONS

Read all instructions carefully. After form has been completed, remove this top instruction sheet, peel backing from reverse side of form label and affix to furniture as specified on actual form. If an electronic version of form is being used, form **MUST** be taped to the furniture.

1. Ensure Agency ID number or full description of furniture is shown.
2. **Supervisor, Releasing Element** - A supervisor within the office releasing the furniture. *(Individual signing this form assumes responsibility for any Agency materials left in the furniture. Incidents involving classified information/material found in the furniture released by Agency elements may result in major security violations being issued to those responsible.)*
3. **Security Representative** - Staff Security Officer, Security Coordinator or Security Advisor.

PROCEDURES

1. **Desks:** Pull out pencil drawer, look underneath and feel between the drawer and the top of the desk. Starting at the top, remove all pedestal drawers, use a flashlight to search inside the pedestal and drawer tracks. Fully extend pull-out slider leaf, look for material taped to the leaf. Slide a piece of cardboard between the top of the leaf and the desk. Feel behind the leaf and underneath the top of the desk.

2. **Key Lock File Cabinet:**

Without False Bottoms: Starting at the top, fully extend each drawer, use a flashlight to search the back, sides and runners of the cabinet. Insure nothing is caught on the sides, back or underside of the drawers. Remove the bottom drawer completely and search the base of the cabinet.

With False Bottoms: Remove each drawer above the false bottom and search as detailed above.

3. **Safes:** Starting at the top, fully extend each drawer and use a flashlight to inspect each space including slides and runners. Feel behind the back ledge and below the bottom edge of each drawer.

4. **Miscellaneous:** Remove ribbons from typewriters and search cushions on sofas and chairs. Check table drawers and remove items taped to shelf units.

SIZE: 8-1/2" x 7-1/2"

IF ELECTRONIC VERSION OF FORM BEING USED, FORM **MUST** BE
CUT ON DOTTED LINE AND TAPED TO FURNITURE.
THIS INSTRUCTION SHEET NEED NOT BE PRINTED.

DOC ID: 3115261 UNIFORM REQUEST

**NOTE: Forward entire 4-part set to: L3 UNIFORM ROOM
SAB 1**

NAME		SOCIAL SECURITY NUMBER		ORG.	POSITION
SHIFT (Day)	(Night)	SIZES (Bust)	(Waist)	(Hips)	(Length)
				(Neck)	SUPERVISOR/FACILITY MANAGER'S NAME

SUPERVISOR (White/Navy/Gray)			WORKER (Light Blue/Navy)		
FEMALE (Check appropriate blocks)			MALE/FEMALE (Check appropriate blocks)		
1. Oxford Shirt, White	Long Sleeves		1. Industrial Shirt	Long Sleeves	
	Short Sleeves			Short Sleeves	
2. Blazer	Navy		2. Polo Cotton Shirt	Long Sleeves	
	Gray			Short Sleeves	
3. A-Line Twill Skirt	Navy		3. Vinex (Flame Retardant) Shirt - Long Sleeves		
	Gray		4. Indura Cotton Shirt - Long Sleeves		
4. Executive Slacks	Navy		5. Indura Actionback Coverall		
	Gray		6. A-Line Twill Skirt		
5. Bow Tie	Navy		7. Female Jumper		
	Gray		8. Cover Smock, 3/4 Length Sleeves		
6. Polo Cotton Shirt	Navy		9. Side Elastic Pants		
	Gray		10. Preshrunk Cotton Twill Pants		
MALE (Check appropriate blocks)			11. Vinex (Fire Resistant) Pants		
1. Oxford Shirt, White	Long Sleeves		12. Industrial Work Pants	Male	
	Short Sleeves			Female	
2. Polo Cotton Shirt	Long Sleeves		13. Painter's Pants, Off White		
	Short Sleeves		14. Jean Cut Pants		
3. Industrial Shirt	Long Sleeves		15. Sur Coat W/Zip Out Liner		
	Short Sleeves		16. Baseball Cap, Fully Lined		
4. Blazer	Navy		PRIVACY ACT STATEMENT: Auth: P.L. 86-36; GNSA09; Auth for requesting SSN: EO 9397; Info will be used (Principally) SSN used to identify indiv. Sizes used to determine correct uniform size; (Routinely) NSA's Blanket Routine Uses, found at 50 Fed Reg 22,584 (1985) apply. Disc of Info: Voluntary; Disc of SSN: Voluntary; Effect on indiv if requested info not provided: Not providing SSN may delay issuance of uniforms. Not providing sizes may result in ill-fitting uniforms being issued. Your signature below * indicates you have read and understand the above.		
	Gray				
5. Executive Slacks	Navy				
	Gray				
6. Tie	Navy				
	Gray				

SIGNATURE		DATE
*REQUESTER		
SUPERVISOR		
UNIFORM OFFICE		Approved for Release by NSA on 02-16-2007, FOIA Case # 42877

SECURITY CLASSIFICATION (if any)

INSTRUCTIONS**USE PERMIT FOR POWDER-ACTUATED FASTENING SYSTEMS**

This permit **MUST** be completed in its entirety by the Superintendent/Qualified/Competent Person.

REFERENCES

1. Occupational Safety and Health Administration (OSHA) 29 CFR 1926.302; 29 CFR 1910.243(d);
2. American National Standards Institute (ANSI) A10.3, Safety Requirements for Explosive-Actuated Tools;
3. U.S. Army Corps of Engineers EM385-1-1-13.E, Explosive-Actuated Tools.

GUIDELINES

In accordance with with EM 385-1-1-13.E, Explosive-actuated (powder-actuated) tools shall meet the design requirements of ANSI A10.3 Safety Requirements for Explosive-Actuated Tools.

Only qualified operators shall operate explosive-actuated tools. A qualified operator is one who has been trained by an authorized instructor, passed a written examination and possesses a qualified operator's card supplied by the manufacturer, issued and signed by both the instructor and the operator.

Each tool shall be provided with a lockable container with the words "POWDER-ACTUATED TOOL" in plain sight on the outside and a notice reading "WARNING - POWDER-ACTUATED TOOL TO BE USED ONLY BY A QUALIFIED OPERATOR AND KEPT UNDER LOCK AND KEY WHEN NOT IN USE". Within the container shall be the operator's instruction and service manual; powder load and fastener charts; tool inspection record, and service tools and accessories.

Daily inspection, cleaning and testing shall be performed as recommended by the manufacturer.

Explosive-actuated tools and the charges shall be secured at all times to prevent unauthorized possession or use.

Explosive-actuated tools shall not be loaded until just before the intended firing time.

Neither loaded nor empty tools are to be pointed at any employees; hands shall be kept clear of the open barrel end.

The use of explosive-actuated tools is prohibited in explosive or flammable atmospheres.

Fasteners shall not be driven into soft or easily penetrable materials; very hard or brittle material (such as cast iron, hardened steel, glazed or hollow tile, glass block, brick or rock); into concrete unless the material thickness is at least three times the penetration of the fastener shank; or into spalled

POWDER-ACTUATED PROJECT INFORMATION

DATE (YYYYMMDD)	TIME	DURATION
LOCATION (Room, Core, etc.)		DESCRIPTION TYPE (HILTI, RAMSET, etc.)
SPECIFIC USE DESCRIPTION		

PERSON(S) PERFORMING WORK

PRINTED/TYPED NAME	SIGNATURE	DATE (YYYYMMDD)

An inspection of the location indicated above has been made by the Agency's Occupational Safety Health Officer with the NSA Project Manager or an authorized NSA representative of the Project Manager. All regulations and precautions must be addressed to ensure **full compliance with the referenced OSHA, ANSI and EM 385-1-1 criteria. Guidelines are referenced above.**

A separate permit shall be completed for each period of operation no longer than thirty (30) consecutive days. This permit shall be forwarded to ME2 and Facilities Security not later than 48 hours prior to the start of the workday.

OSHA REP PRINTED/TYPED NAME	SIGNATURE	DATE (YYYYMMDD)
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FORM D7245 APR 2002

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

SECURITY CLASSIFICATION (if any)

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

DOC ID: 3115263
**USER REPRESENTATIVE MSK
 PRIVILEGE REGISTRATION REQUEST**

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

A. FOR CENTRAL FACILITY USE ONLY (DO NOT Write In This Section)	TRACKING NUMBER								
B. MANAGING COMMAND AUTHORITY INFORMATION (ALL entries must be completed unless otherwise noted)	COMMAND AUTHORITY/EKMS ID (Six-digit ID of indiv responsible (i.e., if request regards an MSK privilege without a DAO code, the User Rep's primary Command Authority must submit the request). (However, if the request regards an MSK privilege with a DAO code, the Command Authority who manages the DAO must submit the request). The Command Authority specified must be registered with the EKMS Central Facility).		<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>						
	NAME								
	COMPLETE MAILING ADDRESS								
	TELEPHONE (Commercial)	(DSN if applicable)							
C. TRANSACTION TYPE (Choose <u>One</u> ONLY)	<input type="checkbox"/> ADD	<input type="checkbox"/> MODIFY	<input type="checkbox"/> DELETE						
D. USER REPRESENTATIVE PRIVILEGE INFORMATION	EKMS ID (Required) <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>		LAST NAME (Required when User Representative Registration Forms and MSK Privilege Registration forms are submitted at the same time (i.e., a User Rep ID number has not yet been assigned)).						
	TYPE OF MSK PRIVILEGE (Choose <u>ONE</u> ONLY) <input type="checkbox"/> DAO (Must complete DAO Code below) <input type="checkbox"/> FREE FORM DESCRIPTION								
	DAO CODE <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>		DAO CODE REFERENCE NUMBER (Required if DAO Registration form is being submitted with the MSK Privilege Registration form, i.e., the DAO code is not yet assigned)						
	<table border="1"> <tr> <td data-bbox="165 1284 402 1467" rowspan="2"> E. MANAGING COMMAND AUTHORITY APPROVAL </td> <td data-bbox="402 1284 669 1467" rowspan="2"> I authorize the above stated individual to order message signature key with the privileges indicated herein. </td> <td data-bbox="669 1284 1172 1371"> SIGNATURE </td> <td data-bbox="1172 1284 1508 1371"> TITLE </td> </tr> <tr> <td data-bbox="669 1371 1172 1467"> PRINTED/TYPED NAME </td> <td data-bbox="1172 1371 1508 1467"> DATE </td> </tr> </table>				E. MANAGING COMMAND AUTHORITY APPROVAL	I authorize the above stated individual to order message signature key with the privileges indicated herein.	SIGNATURE	TITLE	PRINTED/TYPED NAME
E. MANAGING COMMAND AUTHORITY APPROVAL	I authorize the above stated individual to order message signature key with the privileges indicated herein.	SIGNATURE	TITLE						
		PRINTED/TYPED NAME	DATE						

FORM L6674 REV DEC 96 (Supersedes L6674 JUN 93 which is obsolete)
 NSN: 7540-FM-001-5414

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

USER REPRESENTATIVE PARTITION PRIVILEGE REGISTRATION REQUEST

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

A. FOR CENTRAL FACILITY USE ONLY (<i>DO NOT Write In This Section</i>)	TRACKING NUMBER	
B. MANAGING COMMAND AUTHORITY (CA) INFORMATION (<i>ALL entries must be completed unless otherwise noted</i>)	COMMAND AUTHORITY/EKMS ID (Six-digit ID of indiv responsible for the partition privilege, i.e., if request regards an open partition privilege, the User Rep's primary Command Authority must submit the request. However, if the request regards a closed partition privilege, the Command Authority who manages the closed partition must submit the request. The Command Authority specified must be registered with the EKMS Central Facility.)	
	NAME	
	COMPLETE MAILING ADDRESS <hr/> <hr/> <hr/> <hr/> <hr/>	
	TELEPHONE (Commercial) _____ (DSN if applicable) _____	
C. TRANSACTION TYPE (<i>Choose One ONLY</i>)	<input type="checkbox"/> ADD <input type="checkbox"/> MODIFY <input type="checkbox"/> DELETE	
D. USER REPRESENTATIVE (UR) PRIVILEGE INFORMATION	UR/EKMS ID _____ UR LAST NAME (<i>Required when User Representative Registration Forms are submitted along with this form, i.e., the UR has not yet been registered</i>) _____	
	TYPE OF PARTITION PRIVILEGE (<i>Choose ONE ONLY</i>) <input type="checkbox"/> CLOSED (<i>Must complete Partition Code below</i>) <input type="checkbox"/> OPEN (<i>Specify either Partition Code, if known, or Device Type ID below</i>)	
	PARTITION CODE (<i>Required for closed partition privilege, optional for open partition privilege</i>) _____ PARTITION CODE REF. NO. (<i>Required if Closed Partition Registration Forms are being submitted at the same time as this form since partition code is not yet known.</i>) _____	
	EQUIPMENT TYPE _____ PARTITION APPLICATION (<i>Choose ONE ONLY</i>) <input type="checkbox"/> OPERATIONAL <input type="checkbox"/> TEST	
	KEY TYPE PRIVILEGE (<i>Choose ONE ONLY</i>) _____ (<i>Choose ONE ONLY</i>) <input type="checkbox"/> SEED ONLY <input type="checkbox"/> OPERATIONAL ONLY <input type="checkbox"/> SEED AND OPERATIONAL <input type="checkbox"/> Type 0 <input type="checkbox"/> Type 1	
	MAXIMUM CLASSIFICATION OF KEY (<i>Choose ONE ONLY</i>) <input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> CONFIDENTIAL <input type="checkbox"/> SECRET <input type="checkbox"/> TOP SECRET	
	ELECTRONIC KEY REPLACEMENT (<i>Choose ONE ONLY</i>) <input type="checkbox"/> YES <input type="checkbox"/> NO	
E. MANAGING COMMAND AUTHORITY APPROVAL	I authorize the above stated individual to order SDNS key with the privileges indicated herein.	
	SIGNATURE _____ PRINTED/TYPED NAME _____ DATE _____	

DOCID: 3115265
USER REPRESENTATIVE
REGISTRATION REQUEST

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

A. FOR CENTRAL FACILITY USE ONLY <i>(DO NOT Write In This Section)</i>	TRACKING NUMBER	PARENT ORGANIZATION
B. MANAGING COMMAND AUTHORITY (CA) INFORMATION <i>(ALL entries must be completed unless otherwise noted)</i>	COMMAND AUTHORITY/EKMS ID <i>(Six-digit ID of individual serving as the managing Command Authority. The Command Authority specified must be registered with the EKMS Central Facility).</i>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	NAME	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	COMPLETE MAILING ADDRESS	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
	TELEPHONE <i>(Commercial)</i>	<i>(DSN if applicable)</i>
C. TRANSACTION TYPE <i>(Choose <u>One</u> ONLY)</i>	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> ADD <i>(Enter the EKMS ID in Block D below. This ID must be assigned by the Registration Authority (RA)).</i> <input type="checkbox"/> MODIFY <input type="checkbox"/> DELETE <i>(Beneficial to enter Primary User Representative Info in Block D to ensure correct User Rep is deleted from EKMS Central Facility database. NOTE: Deletion automatically deletes all the User Rep key ordering privileges for that User Rep.)</i> </div> <div style="width: 35%;"> RA SIGNATURE <input type="checkbox"/> REASSIGN ONE USER REP. TO A NEW COMMAND AUTHORITY <i>(Enter six-digit code in Section F)</i> <input type="checkbox"/> REASSIGN ALL USER REPRESENTATIVES TO A NEW COMMAND AUTHORITY <i>(Enter six-digit code in Section F)</i> </div> </div>	
D. PRIMARY USER REPRESENTATIVE INFORMATION <i>(ALL entries must be completed unless otherwise noted)</i>	EKMS ID <i>(Six-digit ID required for Modify, Delete, and Reassign One User Rep. requests only)</i> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	COMPLETE MAILING ADDRESS <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
	NAME	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	ORGANIZATION	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	MESSAGE ADDRESS	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	TELEPHONE <i>(Commercial)</i>	<i>(DSN if applicable)</i>
	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> TYPE 1 <i>(User Rep will automatically receive Type 1 Default Open Partition Privileges. If any of the Default Open Partition Privileges are not desired for this User Rep, you must submit a revised User Rep Partition Privilege Registration Form indicating the appropriate changes. This form should be submitted along with the User Rep Registration Form)</i> </div> <div style="width: 35%;"> <input type="checkbox"/> NONE <i>(User Rep will NOT receive ANY Default Open Partition Privileges.)</i> </div> </div>	
E. USER REPRESENTATIVE INFORMATION <i>(Optional)</i>	1ST ALTERNATE	NAME <i>(If appointed, enter name. NOTE: It is strongly recommended at least one alternate to ensure uninterrupted support.)</i> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	TELEPHONE <i>(Commercial)</i>	<i>(DSN if applicable)</i>
	2ND ALTERNATE	NAME <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	TELEPHONE <i>(Commercial)</i>	<i>(DSN if applicable)</i>

(continued)

F. NEW COMMAND AUTHORITY INFORMATION (Required <u>ONLY</u> if transaction type (in Block C) is "REASSIGN")	COMMAND AUTHORITY/EKMS ID (Six-digit ID of New Command Authority to whom the User Rep(s) is to be reassigned. The Command Authority specified must be registered with the EKMS Central Facility).							
	NAME							
	SIGNATURE							
	COMPLETE MAILING ADDRESS							
	TELEPHONE (Commercial)				DSN if applicable			
G. MANAGING COMMAND AUTHORITY APPROVAL	SIGNATURE (Individual in Section B)							
	PRINTED/TYPED NAME						DATE	

DOCID: 3115286
**USER REPRESENTATIVE STU-III PRIVILEGE
REGISTRATION REQUEST**
(Use Form L6682-c for additional registrations)

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

A. FOR CENTRAL FACILITY USE ONLY (DO NOT Write in This Section)	TRACKING NUMBER	
B. MANAGING COMMAND AUTHORITY (CA) INFORMATION (ALL entries must be completed unless otherwise noted)	COMMAND AUTHORITY/EKMS ID (Six-digit ID of individual responsible for the STU-III privilege (i.e., managing Command Authority for the DAO that the STU-III privilege is to be associated). The Command Authority specified must be registered with the EKMS Central Facility).	
	NAME	
	COMPLETE MAILING ADDRESS	
	TELEPHONE (Commercial)	(DSN if applicable)
C. TRANSACTION TYPE (Choose <u>One</u> ONLY)	<input type="checkbox"/> ADD PRIVILEGE (Enter six-digit ID of User Rep and six-digit DAO code in Section D below) <input type="checkbox"/> MODIFY PRIVILEGE (Enter the six-digit User Rep ID and six-digit DAO code in Section D. Modify other information in Section D as applicable) <input type="checkbox"/> DELETE PRIVILEGE (Enter the six-digit User Rep ID and six-digit DAO code in Section D to identify the STU-III privilege. Enter the Class 6 Code if privilege is to be deleted)	
D. USER REPRESENTATIVE PRIVILEGE INFORMATION (ALL information Required unless otherwise noted)	USER REPRESENTATIVE/EKMS ID	NAME (If User Rep Registration Forms and STU-III Privilege Registration Forms are being submitted at the same time (i.e., the User Representative has not yet been registered), enter the last name of the User Rep receiving this privilege)
	DAO CODE	DAO CODE REFERENCE NUMBER (If DAO Registration Forms and STU-III Privilege Registration Forms are being submitted at the same time (i.e., a DAO Code has not yet been assigned), enter the DAO Code Ref. No. from the DAO Registration form that pertains to this privilege)
	AUTHORIZED KEY TYPE (Choose ONE Section Only) (NOTE: EKMS STU-III Key is used to support the LMD) <input type="checkbox"/> Type 2, Type 1 Seed <input type="checkbox"/> EKMS STU-III privileges desired <input type="checkbox"/> Type 2, Type 1 Seed <input type="checkbox"/> EKMS STU-III privileges desired <input type="checkbox"/> Type 2 Only <input type="checkbox"/> Type 1 Operational	
	MAXIMUM CLASSIFICATION - REQUIRED FOR TYPE 1 ONLY (Choose ONE Only) <input type="checkbox"/> Unclassified <input type="checkbox"/> Confidential <input type="checkbox"/> Secret <input type="checkbox"/> Top Secret	
	CLASS 6 CODE - OPTIONAL (If a Class 6 code privilege is to be associated with the DAO Code above, enter the two digit Class 6 Code)	ORDERING CLASSIFICATION RESTRICTION LEVELS (OCRLs) - REQUIRED IF CLASS 6 CODE BLOCK IS COMPLETED (Discrete levels must be chosen (i.e., Top Secret selection will NOT enable the ordering of Class 6 key at U, C, S and T. You MUST specify U, C, S and T if you want to order Class 6 key at each classification level. Entering one OCRL will mean that this DAO and Class 6 Code can only be ordered at that one classification level) <input type="checkbox"/> Unclassified <input type="checkbox"/> Secret <input type="checkbox"/> Confidential <input type="checkbox"/> Top Secret
E. MANAGING COMMAND AUTHORITY APPROVAL	SIGNATURE (Individual in Section B)	
	PRINTED/TYPED NAME	

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

**U.S. GOVERNMENT CIVILIAN
IDENTIFICATION CARD APPLICATION**

Previously issued ID card, **MUST BE RETURNED** with
your application.

ISSUING AUTHORITY USE ONLY

ISSUE DATE

EXPIRATION DATE

SERIAL NUMBER

Privacy Act Statement: Auth: Pub. Law 86-36; Records System: GNSA09; 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 issue a U.S. Government Civilian Identification Card to applicant. Disclosure of information, including SSN, is voluntary. Failure to furnish the requested information: ID card may not be issued. Your signature below * indicates you have read and understand the above.

TO BE COMPLETED BY APPLICANT

NAME (Last, First, Middle)

SSN

DATE OF BIRTH

OFFICE PHONE

HEIGHT

WEIGHT

HAIR COLOR

EYE COLOR

*SIGNATURE

COMPLETE THIS SECTION **ONLY** IF RE-APPLYING DUE TO A **LOST/STOLEN** ID CARD. PLEASE EXPLAIN HOW THE LOSS/THEFT TOOK PLACE AND PROVIDE A COPY OF THIS APPLICATION TO SECURITY.

TO BE COMPLETED BY POC/COR

CONTRACTOR'S COMPANY

JUSTIFICATION FOR ISSUANCE OF ID

POC/COR SIGNATURE

VEHICLE CHECK LIST
("U-Drive It" Vehicles)**SPACE NUMBER**
*(Transportation Services Use Only)***INSTRUCTIONS**

Use this form to report any problems or concerns you may have about this vehicle. If you use this form, remove from book and give to dispatcher on duty when vehicle is returned.

DATE	ADMIN NO.	VEHICLE TAG NUMBER

OPERATIONAL PROBLEMS

VISUAL DAMAGE

COMMENTS

NAME	ORG.	NON-SECURE PHONE NUMBER

FORM K7530 REV MAR 98 (Supersedes K7530 JAN 94 which is obsolete)
NSN: 7540-FM-001-5464

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

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

ADMIN NO.	TAG NUMBER	TYPE VEHICLE	ORG	<input type="checkbox"/> LEASED <input type="checkbox"/> OWNED	NEXT LUBRICATION	
					MILES	DATE

1. **Government contractors** may not sign-out or drive any government vehicle.
2. Government vehicle shall not be taken to an **employee's home**.
3. **Lunch stops** should be avoided whenever possible.
4. **Smoking** is NOT permitted in any government vehicle.
5. **Seat belt laws** require seat belts be worn by *all* occupants at *all* times.
6. **Parking and traffic violations** are the sole responsibility of the driver.


[illegible]

(over)

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

[illegible]

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

UNCLASSIFIED//FOUO				
SECURITY CLASSIFICATION (if any)				
		National Security Agency Police		
VEHICLE REJECTION RECORD				
DRIVER (Printed Name)				
(Last)		(First)	(MI)	
DRIVER'S LICENSE NUMBER				
STATE		DOB (YYYYMMDD)		
VEHICLE INFO	MAKE		MODEL	
	TAG NUMBER	STATE	COLOR	NO. OF OCCUPANTS
	DATE (YYYYMMDD)		TIME	
LOCATION				
REASON FOR REJECTION				
OFFICER (Last, First, MI)			ID NUMBER	
FORM G7234B MAY 2002 NSN 7540-FM-001-5684		SECURITY CLASSIFICATION (if any) UNCLASSIFIED//FOUO		

UNCLASSIFIED//FOUO	
SECURITY CLASSIFICATION (if any)	
PRIVACY ACT STATEMENT: Auth for collecting info requested on form is contained in 50 U.S.C. 402 note, 18 USC 13, and 40 USC 318 (a-c); EO 12333; 32 C.F.R. 228; and DoD Dir 5200.8. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) and the specific uses found in GNA07 apply to this info. Auth for requesting SSN is EO 9397. Info will be used (primarily) to document investigatory activity conducted pursuant to Section 11 of the NSA Act of 1959, as amended, and other applicable law. Provision of requested information is voluntary unless expressly advised otherwise.	
<input type="checkbox"/> Suspect notified of Privacy Act Statement	
REMARKS	
FORM G7234B MAY 2002 REVERSE	
SECURITY CLASSIFICATION (if any) UNCLASSIFIED//FOUO	

SIZE 3" x 5"

BEIGE HEAVY WEIGHT CARDSTOCK

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

STATE-AID-USIA VEHICLE SHIPMENT FORM (For Shipment Originating in the United States)						1. <input type="checkbox"/> STATE <input type="checkbox"/> AID <input type="checkbox"/> USIA <input type="checkbox"/>	
<p>Complete this form (type or print) in triplicate and mail the signed original to the United States Despatch Agent indicated below in Item 2. Retain duplicate for your reference and return third copy to your Transportation Office. Read Automobile Information Guide on reverse.</p>							
<p>2.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> U.S. Despatch Agent Parkway Towers, Bldg. B. 485-B U.S. Route 1, South Iselin, NJ 08830-3013 Tel: (Area 201) 855-8880 </div> <div style="width: 45%;"> <input type="checkbox"/> U.S. Despatch Agent 2200 Broening Hwy., Rm. 125 Baltimore, MD 21224 Tel: (Area 410) 631-0043 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <input type="checkbox"/> U.S. Despatch Agent 2800 S. 192 Street, Suite 108 Seattle, Wash. 98188 Tel: (Area 206) 764-3805 </div> <div style="width: 45%;"> <input type="checkbox"/> U.S. Despatch Agent P.O. Box 522396, Gen. Mail Facility Miami, FL 33152 Tel: (Area 305) 526-2905 </div> </div>							
3. EMPLOYEE NAME AND ADDRESS				Employee No.		4. NAME AND ADDRESS OF PERSON HAVING PHYSICAL CUSTODY OF VEHICLE WHEN READY FOR SHIPMENT, IF OTHER THAN EMPLOYEE	
Date of Departure from U.S.: Telephone Number Home: Office:				Telephone Number Home: Office:			
5. FISCAL DATA FOR TRAVEL							
A. Trvl. Auth. No.		B. Trvl. Auth. Date		C. Fund		D. Allotment	
6. AUTHORIZED ORIGIN				7. POST OF ASSIGNMENT			
8. MAKE OF AUTOMOBILE		9. YEAR AND MODEL		10. COLOR		11. <input type="checkbox"/> 2 DOOR <input type="checkbox"/> 4 DOOR	
						12. WEIGHT	
						13. MOTOR AND/OR VEHICLE IDENTIFICATION NUMBER	
14. ACCESSORIES INCLUDED IN AUTOMOBILE <input type="checkbox"/> Heater <input type="checkbox"/> Air-Conditioner <input type="checkbox"/> Radio <input type="checkbox"/> Jack <input type="checkbox"/> Spare Wheel and Tire <input type="checkbox"/> Tools <input type="checkbox"/> Tape Deck <input type="checkbox"/> Mirrors <input type="checkbox"/> Wipers <input type="checkbox"/> Hubcaps <input type="checkbox"/> Floor Mat <input type="checkbox"/> Lighter <input type="checkbox"/> Seatbelts <input type="checkbox"/> Other (Specify):							
15. DELIVERY ARRANGEMENTS (Enter date - see Vehicle Information Guide on reverse)							
						Date vehicle available	
A. I will drive vehicle to the port.							
B. Vehicle will be shipped from the Washington, D.C. Metropolitan Area.							
C. Vehicle will be shipped from a point outside of the Washington, D.C. Metropolitan Area.							
D. Vehicle will be shipped from factory.							
16. DECLARED VALUE OF VEHICLE (not for insurance purposes)				17. SIGNATURE		18. DATE	

CONDITION OF VEHICLE

You are responsible for ensuring that your vehicle is in a serviceable and safe operating condition prior to shipment. We recommend that you have the vehicle serviced, i.e., lubricated, washed, and radiator checked and filled with an antifreeze solution. To reduce pilferage, remove detachable items such as hubcaps, cigarette lighters, radio antennas, etc. Do not place household or personal effects in the vehicle. Only those items that ordinarily accompany a vehicle, e.g., spare tire and tools, should be stowed in the vehicle. Mirrors and wipers must remain on the vehicle and ignition, trunk, and gasoline-cap keys must accompany it.

SHIPPING INSTRUCTIONS

Mail this form to the U.S. Despatch Agency at least 2 weeks before the date that you want your car shipped.

Allow 5 days for receipt of form then telephone the Despatch Agency. You and the Agent will decide on a firm shipping date and make final arrangements for pickup.

If the shipping date selected falls after your departure, you must provide the Despatch Agent with the name, address, and telephone number of the person having custody of the car (Item 4 on reverse side).

The Department cannot pay for the storage of a vehicle. If it becomes necessary to store your vehicle, you pay.

If you change your plans concerning pickup point or the delivery date of the car, the Despatch Agent and the driveway firm must be notified of the change at once. You are responsible for all expenses incurred for a second pickup of your car if you fail to provide this information.

EXPLANATION OF ITEM 15. DELIVERY ARRANGEMENTS

- A. Vehicle Will Be Driven to Port by Traveler:
Indicate the date you will be able to deliver the vehicle to the port. The U.S. Despatch Agent arranges to provide the necessary papers and delivery instructions when you telephone.
- B. Vehicle Will Be Shipped From the Washington, D.C. Metropolitan Area:
Indicate date vehicle will be available for shipment. After completing procedures set forth above, final arrangements for pickup should be made directly with driveway service.
- C. Vehicle Will Be Shipped From a Point Outside the Washington, D.C. Metropolitan Area: (Except new vehicle shipped from factory see D, below.)
Indicate the date vehicle will be available for shipment. The U.S. Despatch Agent will provide the documents and indicate which carrier to contact.
- D. Vehicle Will Be Shipped From Factory:
Instruct the manufacturer to notify the U.S. Despatch Agent when the vehicle is available for shipment. Upon receipt of this information the U.S. Despatch Agent will furnish the manufacturer with shipping instructions and arrange shipment to your post.

INSURANCE

Because of the limited loss and/or damage liability (\$500 per unit) provided by steamship carriers, we recommend that employees obtain automobile marine insurance. However, the Government does not pay insurance premium costs.

Inquiries concerning the shipment of motor vehicles should be addressed to the following. Enclose a completed copy of this form:

Department of State
Transportation Operations (TD/TO)
Washington, D.C. 20520

Agency for International Development
Travel and Transportation Division
Washington, D.C. 20523

United States Information Agency
Transportation Branch (IOA/ST)
Washington, D.C. 20547

NOTE: A GOVERNMENT TRANSPORTATION REQUEST (SF-1169) MAY NOT BE USED TO SHIP A MOTOR VEHICLE

NAME		
DEPARTURE DATE	LENGTH OF STAY	
COUNTRY	EMBASSY (Date)	
	SENT	RECEIVED
FORM P4602 APR 83 NSN 7540-FM-001-3195		
VISA REQUEST		

MUST BE PRINTED ON PINK PAPER AND CUT TO SIZE 3 X 5

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. Section 402 note; 50 U.S.C. Sections 831-835; and Executive Order 10450. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) as well as the specific uses enumerated in GNSA03 apply to this information. Authority for requesting SSN is Executive Order 9397. The requested information will be used to assist in processing visitors for access to Agency information and facilities. Your disclosure of requested information, including SSN, is voluntary. However, failure to furnish the requested information, other than SSN, may delay the processing of your visitor(s).

VISITOR REQUEST

START DATE (MM/DD/YYYY)		END DATE (MM/DD/YYYY)		TIME OF ARRIVAL (e.g. 13:00)	
GATES (Please use VCC East or VCC North instead of GH1, GH2A or GH2B)					
<input type="checkbox"/> CANX	<input type="checkbox"/> FANX VCC	<input type="checkbox"/> GH 5	<input type="checkbox"/> GH 8	<input type="checkbox"/> K-9	<input type="checkbox"/> R&E
<input type="checkbox"/> DORSEY RD.	<input type="checkbox"/> FINKSBURG	<input type="checkbox"/> GH 6	<input type="checkbox"/> GH 10	<input type="checkbox"/> NBP	<input type="checkbox"/> TORDELLA
<input type="checkbox"/> VCC EAST		<input type="checkbox"/> VCC NORTH			
POINT OF CONTACT (Last) (First) (MI)		SSN (e.g. 123456789)		ORG	
				NON-SECURE PHONE (Include Area Code)	
APPROVAL AUTHORITY NAME (Last) (First) (MI)		SSN (e.g. 123456789)		POSITION	
CLEARANCE				STANDARD ACCESSSES	
<input type="checkbox"/> UNCLEARED <input type="checkbox"/> CONFIDENTIAL <input type="checkbox"/> SECRET <input type="checkbox"/> TOP SECRET				<input type="checkbox"/> SI <input type="checkbox"/> TK <input type="checkbox"/> G <input type="checkbox"/> B	
ADDITIONAL ACCESSSES (List all applicable)					
SPECIAL PROCESSING					
<input type="checkbox"/> NONE <input type="checkbox"/> DECAL NEEDED <input type="checkbox"/> NCS BADGE NEEDED					
VISITOR NAME (Last) (First) (MI)		SSN (e.g. 123456789)		DATE OF BIRTH (MM/DD/YYYY)	
U.S. CITIZENSHIP		COUNTRY OF CITIZENSHIP (Required for non U.S. Citizens only)		AFFILIATION	
<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> CIV <input type="checkbox"/> MIL <input type="checkbox"/> CONT	
BRANCH OF SERVICE					
<input type="checkbox"/> NONE <input type="checkbox"/> ARMY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> COAST GUARD <input type="checkbox"/> MARINE <input type="checkbox"/> NAVY					
VISITOR REPRESENTS		VIP VISITOR		GRADE RANK OR POSITION	
		<input type="checkbox"/> PRIVILEGED VISITOR			
VISITOR NAME (Last) (First) (MI)		SSN (e.g. 123456789)		DATE OF BIRTH (MM/DD/YYYY)	
U.S. CITIZENSHIP		COUNTRY OF CITIZENSHIP (Required for non U.S. Citizens only)		AFFILIATION	
<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> CIV <input type="checkbox"/> MIL <input type="checkbox"/> CONT	
BRANCH OF SERVICE					
<input type="checkbox"/> NONE <input type="checkbox"/> ARMY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> COAST GUARD <input type="checkbox"/> MARINE <input type="checkbox"/> NAVY					
VISITOR REPRESENTS		VIP VISITOR		GRADE RANK OR POSITION	
		<input type="checkbox"/> PRIVILEGED VISITOR			
VISITOR NAME (Last) (First) (MI)		SSN (e.g. 123456789)		DATE OF BIRTH (MM/DD/YYYY)	
U.S. CITIZENSHIP		COUNTRY OF CITIZENSHIP (Required for non U.S. Citizens only)		AFFILIATION	
<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> CIV <input type="checkbox"/> MIL <input type="checkbox"/> CONT	
BRANCH OF SERVICE					
<input type="checkbox"/> NONE <input type="checkbox"/> ARMY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> COAST GUARD <input type="checkbox"/> MARINE <input type="checkbox"/> NAVY					
VISITOR REPRESENTS		VIP VISITOR		GRADE RANK OR POSITION	
		<input type="checkbox"/> PRIVILEGED VISITOR			
VISITOR NAME (Last) (First) (MI)		SSN (e.g. 123456789)		DATE OF BIRTH (MM/DD/YYYY)	
U.S. CITIZENSHIP		COUNTRY OF CITIZENSHIP (Required for non U.S. Citizens only)		AFFILIATION	
<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> CIV <input type="checkbox"/> MIL <input type="checkbox"/> CONT	
BRANCH OF SERVICE					
<input type="checkbox"/> NONE <input type="checkbox"/> ARMY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> COAST GUARD <input type="checkbox"/> MARINE <input type="checkbox"/> NAVY					
VISITOR REPRESENTS		VIP VISITOR		GRADE RANK OR POSITION	
		<input type="checkbox"/> PRIVILEGED VISITOR			

VISUAL 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

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

Standard Form 1080 Revised April 1982 Department of Treasury I TFRM 2-2500 1080-109-08						VOUCHER FOR TRANSFERS BETWEEN APPROPRIATIONS AND/OR FUNDS						VOUCHER NO.	
Department, establishment, bureau, or office receiving funds.												SCHEDULE NO.	
Department, establishment, bureau, or office charged												BILL NO.	
<div style="text-align: center; height: 100px;"> </div>												PAID BY	

ORDER NO.	DATE OF DELIVERY	ARTICLE OR SERVICES	QUAN-TITY	UNIT PRICE		AMOUNT
				COST	PER	DOLLARS AND CENTS
					TOTAL	

Remittance in payment hereof should be sent to -

ACCOUNTING CLASSIFICATION - *Office Receiving Funds*

CERTIFICATE OF OFFICE CHARGED

I certify that the above articles were received and accepted or the services performed as stated and should be charged to the appropriation(s) and/or fund(s) as indicated below; or that the advance payment is approved and should be paid as indicated.

(Date)

(Authorized administrative or certifying officer)

(Title)

ACCOUNTING CLASSIFICATION - *Office Charged*

Paid by Check No

WAREHOUSE LOCATION PROBLEM REPORT

LOCATION		DATE	
STOCK NUMBER		BY	
	Wrong or no NSN label on location		Mixed stock
	Wrong or no NSN label on stock		Unsafe or poor stacking of material
	Unit of Issue		Stock falling off pallet
	Stock not in assigned location		Honeycombing or irregular layer quantities
	More than one open box		Shelf life expired
	Trash in location		Boxes stacked with NSN, debit, and quantity information hidden
	OTHER		
PROBLEM (S) CORRECTED BY INVENTORY			

FORM J62 REIN MAR 95
NSN: 7540-FM-001-5000

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

WORK REQUEST

WORK REQUEST		DATE RECEIVED (MM-DD-YY)		SHOP ORDER NUMBER	
		REQUESTER DESIRED DATE (MM-DD-YY)		DATE SHOP CAN DELIVER	
PROJECT NAME					
JOB NAME					
REQUESTER NAME (Last) (First) (MI)		SID	ORG	PHONE (Secure) (Non-Secure) (7-digit number) (10-digit number)	BUILDING ROOM
POINT OF CONTACT NAME (Last) (First) (MI)		SID	ORG	PHONE (Secure) (Non-Secure) (7-digit number) (10-digit number)	BUILDING ROOM
INSPECTOR		DATE COMPLETED	RECEIVED BY		DATE DELIVERED
SPECIAL INSTRUCTIONS					
DESCRIPTION OF WORK (Include drawing numbers, dimensions, etc.)					

JUSTIFICATION FOR WORK REQUESTED

APPROVAL SIGNATURE

TITLE

SHOP AUTHORIZATION

DATE

☐ FURNITURE
WORK REQUEST FOR: ☐ ELECTRONIC EQUIPMENT

FORM REQUIRED

☐ G6210☐ J5180

CHECK APPLICABLE ITEM

☐ DELIVERY☐ PICKUP☐ MOVE

DATE ORDER (Received)

(Scheduled)

FROM:	ORG	NAME	LOCATION	NONSECURE PHONE
TO:				
QTY	NOMENCLATURE			REMARKS

I certify that the action indicated above has been accomplished.	MOVE COMPLETED FOR	SIGNATURE	DATE
CONTRACTOR	MATERIAL PICKED UP FROM		
S715	MATERIAL RECEIVED BY		

FORM J4481 REV JUN 2000 (Supersedes J4481 REV DEC 88 which is obsolete)
NSN: 7540-FM-001-0792

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

SECURITY CLASSIFICATION (if any)

WORK SCHEDULE CHANGE RECORD

PRIVACY ACT STATEMENT: Authority for collecting information requested on this form is contained in 10 U.S.C. sec. 1601-1614 and 50 U.S.C. sec. 402 note. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) as well as the specific uses found in GNSA08, GNSA09, and GNSA11 apply to this information. Authority for requesting your Social Security Number (SSN) is Executive Order 9397. The requested information will be used to record the number of hours an employee is scheduled to work each day during a pay period when those hours differ from the organizational default schedule. 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 work schedule change request.

EMPLOYEE ID (SSN)		NAME	
ACTIVITY		ORG	
EFFECTIVE DATE (YYMMDD)	T & A STATUS CODE (A-Active, P-Pending Separation, X-Deceased Employee)	AWS CODE	PLATOON ROTATING CODE

PAY PERIOD TOUR OF DUTY

	SUN	MON	TUE	WED	THU	FRI	SAT	SUNDAY PAY (Check One)	
								YES	NO
WEEK 1									
SHIFT									
NIGHT DIFF									
WEEK 2									
SHIFT									
NIGHT DIFF									

STANDING JON

T & A DESTINATION

FOR UNGRADED (WAGE) EMPLOYEES ONLYROTATING SHIFT HOURS
(1)

(2)

(3)

CERTIFIER'S SIGNATURE

DATE SUBMITTED (YYMMDD)

FORM P6951 REV NOV 2001 (Supersedes P6951 JUN 95 which is obsolete)
NSN: 7540-FM-001-5537

SECURITY CLASSIFICATION (if any)

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

WRANGLER SOFTWARE BUILD REQUEST

[illegible]

FORM H7288 REV FEB 95 (Supersedes H7288 JUL 94 which is obsolete)
NSN: 7540-FM-001-5484

WRANGLER SOFTWARE BUILD REQUEST (Non-M204)

* COM - (Compile) = (A) - ASM; (P) - PL / I; (F) - FORTRAN; (O) - OTHER

[illegible]

FORM H7288A REV FEB 95 (Supersedes H7288A JUL 94 which is obsolete)
NSN: 7540-FM-001-5485

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

NOTE: Form ***MUST BE PRINTED*** on pink
paper if used electronically!!!

SECURITY CLASSIFICATION

WRANGLER SOFTWARE CHANGE ORDER

PAGE

OF

TASK NUMBER

PRI

☐

E

☐

U

☐

R

DATE (Log In)

(Due)

1. ID DATA

TITLE

ORG CODE / ORIG:

DATE PREPARED

APPROVED BY

2. ITEMS AFFECTED (DO NOT USE AT THIS TIME)

3. AFFECTED SPECIFICATIONS (DO NOT USE AT THIS TIME)

4. CHANGE ABSTRACT

5. SOURCE CODE CHANGES (Tape/Disk File ID No.)

BLOCK 6 CHANGE?☐

YES

☐

NO

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

DOCID: 3115301

SECURITY CLASSIFICATION

TASK NUMBER

PAGE

OF

6. DATA FILE CHANGES (Tape/Disk File ID No.)

INSTRUCTIONS TO ORIGINATOR

1. Check appropriate block below.
2. Complete front side of form.
3. Forward to CM.
4. If used electronically, form **MUST BE PRINTED** on blue paper for Discrepancy and yellow paper for Request of Change!!!

SECURITY CLASSIFICATION

WRANGLER TASKING REQUEST☐ DISCREPANCY
(Blue Paper)☐ REQUEST FOR CHANGE
(Yellow Paper)

PAGE

OF

TASK NUMBER

DATE (Task)

(Required)

1. SUBMITTED BY

ORG

PHONE

DATE

2. TITLE

DESCRIPTION

3. SUBSYSTEMS AFFECTED

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

FORM H7287JUL 94

NSN: 7540-FM-001-5483 = Blue

7540-FM-001-5486 = Yellow

SECURITY CLASSIFICATION

SECURITY CLASSIFICATION		TASK NUMBER	PAGE OF
4. ANALYTIC EVALUATION			
RECEIVED BY	ORG	PHONE	DATE
EVALUATED BY	ORG	PHONE	DATE
ESTIMATED TIME TO COMPLETED (<i>Manhours</i>)			
COMMENTS			

5. WPB APPROVAL			
<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> IMMEDIATE	<input type="checkbox"/> ROUTINE	DATE RECEIVED
APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO			DATE
COMMENTS			

DOCTD 2115222
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

F. FOR CENTRAL FACILITY USE ONLY <i>(DO NOT Write In This Section)</i>	TRACKING NUMBER						
G. MANAGING COMMAND AUTHORITY (CA) INFORMATION	COMMAND AUTHORITY ID <i>(Six-digit ID of Command Authority responsible for the STU-III privilege. The Command Authority specified must be registered with the EKMS Central Facility)</i>						
H. 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	C		C
	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	C		C
	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	C		C
	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	C		C
	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	C		C
	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	C		C
	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	C		C
	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	C		C
	DELETE			Type 2 Only	TS		TS

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

NATIONAL SECURITY AGENCY
CENTRAL SECURITY SERVICEFINANCIAL RECORD RELEASE
AUTHORIZATION

PRIVACY ACT STATEMENT: Auth: GNSA08, GNSA10, Pub.L. 88-290, 12 U.S.C. Sec 3404, E.O. 10450, 10865, 12358, DCID 1/14, DoD Dir 5100.23, 5210.45, and 5400.12. NSA's Blanket Routine Uses found at 58 Fed. Reg. 10,531 (1993) apply to this information. Principal Purpose: to identify individual and seek access to financial records to evaluate individual for employment, personnel, and access actions. Disclosure of the information, including SSN, is voluntary. Failure to provide requested information may delay, hinder, or preclude employment, personnel, or security processing.

STATEMENT OF RIGHTS

Federal law protects the privacy of your financial records. Before banks, savings and loan associations, credit unions, credit card issuers, or other financial institutions may give financial information about you to a federal agency, certain procedures must be followed.

CONSENT TO FINANCIAL RECORDS

You may be asked to consent to the financial institution making your financial records available to the Government. You may withhold your consent, and your consent is not required as a condition of doing business with any financial institution. If you give your consent, it can be revoked in writing at any time before your records are disclosed. Furthermore, any consent you give is effective for only three months, and your financial institution must keep a record of the instances in which it discloses your financial information.

WITHOUT YOUR CONSENT

Without your consent, a federal agency that wants to see your financial records may do so ordinarily only by means of a lawful subpoena, summons, formal written request, or search warrant for that purpose. Generally, the federal agency must give you advance notice of its request for your records explaining why the information is being sought and telling you how to object in court. The federal agency must also send you copies of court documents to be prepared by you with instructions for filling them out. While these procedures will be kept as simple as possible, you may want to consult an attorney before making a challenge to a federal agency's request.

EXCEPTIONS

In some circumstances, a federal agency may obtain financial information about you without advance notice or your consent. In most of these cases, the federal agency will be required to go to court for permission to obtain your records without giving you notice beforehand. In these instances, the court will make the Government show that its investigation and request for your records are proper. When the reason for the delay of notice no longer exists, you will usually be notified that your records were obtained.

TRANSFER OF INFORMATION

Generally, a federal agency that obtains your financial records is prohibited from transferring them to another federal agency unless it certifies in writing that the transfer is proper and sends a notice to you that your records have been sent to another agency.

PENALTIES

If the federal agency or financial institution violates the Right to Financial Privacy Act, you may sue for damages or seek compliance with the law. If you win, you may be repaid your attorney's fee and costs.

RELEASE AUTHORIZATION

Pursuant to section 3404(a) of the Right to Financial Privacy Act of 1978, I, having read the explanation of my rights above, hereby authorize the indicated Financial Institution to release these financial records: any and all past or present checking and/or draft accounts, past or present savings accounts, past or present loans or applications for loans, past or present credit or credit card accounts and any other financial record maintained by the below described financial institution, to an investigative of the Department of Defense.

The disclosed records will be used by the Department of Defense in employment and access determinations and in related personnel actions where security represents a relevant and valid element of the determination by the Department of Defense.

I understand that this authorization may be revoked by me in writing at any time before my records, as described below, are disclosed, and that this authorization is valid for no more than three months from the date of my signature.

PRINTED NAME		SIGNATURE
TELEPHONE (Office)	(Residence - Include Area Code)	DATE (Day, Month, Year)
FINANCIAL INSTITUTION (Office)		(Address)
		Approved for Release by NSA on 02-16-2007, FOIA Case # 42877



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

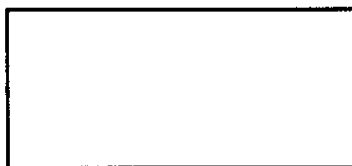
Date: _____

SUBJECT: Certificate of Compliance with the Right to Financial Privacy Act of 1978

Dear Financial Officer:

I certify, pursuant to section 3403 (b) of the Right to Financial Privacy Act of 1978; 12 U.S.C. 3401 et seq., that the applicable provisions of that statute have been complied with as to the consent of the individual identified on the reverse side of this form with regard to the following records: any and all past and present checking and/or draft accounts, past and present savings accounts, past and present loans or applications for loans, past and present credit or credit card accounts, and any other financial records maintained by you on said customer.

Pursuant to Section 3417 (c) of the Right to Financial Privacy Act of 1978, good faith reliance upon this certificate relieves your institution and its employees and agents of any possible liability to the customer in connection with the disclosure of these financial records.



Director
Office of Security

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



DOCTID SECURITY 15324
SAMPLE

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, 10865, 12333, 12958, and 12968. Auth for collecting your SSN is E.O. 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 (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.

NATIONAL SECURITY AGENCY
Fort George G. Meade, MD 20755-6000

ACCESS TERMINATION AND DEBRIEFING STATEMENT

I understand that even though my authorized access to Protected Information is hereby terminated, I continue to be obligated, under and in accordance with the terms of the NSA Security Agreement I previously executed, to preserve and safeguard the security of Protected Information. To assist me in recalling the provisions of my continuing obligations, I have been advised that an unsigned copy of the NSA Security Agreement that I previously executed is available for review.

1. I reaffirm my understanding 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 I must return to the Government all Protected Information to which I may have obtained access during the course of my access to Protected Information under a contract with the NSA, or my employment or other service with the NSA.

3. I reaffirm my agreement to 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 the Termination and Debriefing Statement. 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;
- (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 will or may result from any disclosure, publication, or revelation of Protected Information not consistent with the terms of the NSA Security Agreement, I previously executed.

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 the NSA Security 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. I also understand that, as is necessary to conduct my personal affairs, I may reveal unclassified information as to where I was employed, assigned or detailed with the NSA, the generic nature of my employment, assignment or detail in accordance with the description provided for in Annex B to NSA/CSS Regulation 10-11, "Release of Unclassified NSA/CSS Information," and the amount of salary I received in connection therewith. I understand that I should exercise discretion and care in revealing such information and that by revealing such information I have not violated the NSA Security Agreement I previously executed.

4. I recognize that my exposure to Protected Information makes me a potential target for exploitation by foreign powers. I affirm that I will immediately report to the proper authorities any attempt to solicit Protected Information by a person not authorized by the United States Government to receive such information. If in the United States, I understand I may report such activities to the NSA Office of Security, or to the Federal Bureau of Investigation. If in an overseas area, I understand I may report such activities to the Chief or Security Officer of an NSA field station, to the Commander of any U.S. military installation, or to a Security Office of the Department of State.

5. I understand that because I have access to Protected Information, my travel through foreign areas may pose a certain risk to national security. I realize that although I am no longer obligated to report foreign travel to the Director of Security, NSA, the risk incurred in traveling to certain areas, from both a personal safety and a counterintelligence standpoint, remains high. This paragraph does not apply to individuals who remain in an employee status, whose eligibility for access has been suspended or whose eligibility for access has been revoked and subsequently appealed.

6. On the occasion of the termination of my access to Protected Information, I acknowledge I have read this Statement, and my questions, if any, have been answered. I certify that the debriefing officer 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. Also, I have been given a copy of Prepublication Guidelines explaining the procedures for submitting materials for security review, in accordance with NSA Regulation 10-63.

7. I acknowledge that I received an oral debriefing that explained the foregoing points of information and obligation.

8. 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	CIVILIAN GRADE OR COMPANY	ORG
TYPED OR PRINTED NAME	SERIAL OR SOCIAL SECURITY NUMBER	DATE
BRIEFING OFFICER SIGNATURE	PRINTED NAME	DATE

FORM G170A REV APR 2001 (Supersedes G170A REV JAN 01 which is obsolete)

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



SAMPLE

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. 796; and E.O. 10450, 10865, 12333, 12958, and 12968. Auth for collecting your SSN is E.O. 9397. NSA's Blanket Routine Uses found at 31 Fed. Reg. 10,531 (1993) and the specific uses found in GNSA01 and GNSA10 apply to this 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.

NATIONAL SECURITY AGENCY
Fort George G. Meade, MD 20755-6000

ACCESS TERMINATION STATEMENT

I understand that even though my authorized access to NSA is hereby terminated, I continue to be obligated, under and in accordance with the terms of the NSA Security Agreement I previously executed, to preserve and safeguard the security of Protected Information. To assist me in recalling the provisions of my continuing obligations I have been advised that an unsigned copy of the NSA Security Agreement that I previously executed is available for review.

1. I reaffirm my understanding 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 I must return to the government all Protected Information to which I may have obtained access during the course of my employment or other service with the NSA.

3. I reaffirm my agreement to 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 Terminations Statement. 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 reaffirm my agreement:

(a) to submit such information and materials for prepublication review;

(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 will or may result from any disclosure, publication, or revelation of Protected Information not consistent with the terms of the NSA Security Agreement I previously executed.

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 the NSA Security 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. I also understand that, as is necessary to conduct my personal affairs, I may reveal unclassified information as to where I was employed, assigned or detailed, the generic nature of my employment, assignment or detail in accordance with the descriptions provided for in Annex B to NSA/CSS Regulation 10-11, "Release of Unclassified NSA/CSS Information," and the amount of salary I received in connection therewith. I understand that I should exercise discretion and care in revealing such information and that by revealing such information I have not violated the NSA Security Agreement I previously executed.

4. I recognize that my exposure to Protected Information makes me a potential target for exploitation by foreign powers. I affirm that I will immediately report to the proper authorities any attempt to solicit Protected Information by a person not authorized by the United States Government to receive such information. If in the United States, I understand I may report such activities to the NSA Office of Security, or to the Federal Bureau of Investigation. If in an overseas area, I understand I may report such activities to the Chief or Security Officer of an NSA field station, to the Commander of any U.S. military installation, or to a Security Office of the Department of State.

5. I understand that because I have access to Protected Information, my travel through foreign areas may pose a certain risk to national security. I realize that although I am no longer obligated to report foreign travel to the Director of Security, NSA, the risk incurred in traveling to certain areas, from both a personal safety and a counterintelligence standpoint, remains high. This paragraph does not apply to individuals who remain in an employee status, whose eligibility for access has been suspended or whose eligibility for access has been revoked and subsequently appealed.

6. On the occasion of the termination of my access to Protected Information, I acknowledge I have read this Statement, and my questions, if any, have been answered. I certify that the debriefing officer made available Sections 793, 794, 798, 952 and 1924 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. Also, I have been given a copy of Prepublication Guidelines explaining the procedures for submitting materials for security review, in accordance with NSA Regulation 10-63.

7. 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 641, 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	MILITARY SERVICE / RANK	ORG
TYPED OR PRINTED NAME	SOCIAL SECURITY NUMBER	DATE
BRIEFING OFFICER SIGNATURE	PRINTED NAME	DATE

VITAL RECORDS DEPOSIT (VRD) / WITHDRAWAL REQUEST

INSTRUCTIONS:

Prepare in triplicate for each document submitted.Send original to DC321-VRD, OPS2B, 2B8106, Suite 6248. (A copy will be returned with Control Number assigned)Send one copy to (reference the Records Management Policy web page for mailing guidance)Retain one copy for the Office of Primary Interest (OPI).

1. CHECK APPROPRIATE BLOCK

☐**DEPOSIT** - New Material☐**ADD AS A CHANGE/UPDATE** (use original submitting control number when sending item to VRD)SHOULD PREVIOUS MATERIAL BE DESTROYED? ☐ YES ☐ NO☐**WITHDRAW** - Return item to OPI (original or a copy may be returned. If original, notify DC325 (VR) of final disposition (i.e., destroying))☐**DESTROY** - item no longer considered mission essential

2. CONTROL NO.	3. ORGANIZATION	4. CURRENT DATE (YYYYMMDD)	5. CLASSIFICATION OF MATERIAL (Indicate highest classification)
6. ACCESS RESTRICTIONS (Indicate all restrictions or caveats; e.g., VRK#, NOFORN, etc.)	7. DATE SENT ON LINE (YYYYMMDD)	(If sent electronically, give time of transmission, HH:MM)	8. PUBLICATION SERIAL NO. OR SHORT TITLE (e.g., E31 Working Aid 6-88, NSA/CSS Manual 12-1, USSID 18, etc.)
9. PUBLICATION DATE (YYYYMMDD)	10. MEDIUM OF SUBMISSION (Paper, Tape, Disk, Film, Microfiche, etc.)	11. FORM A1295A CONTROL NUMBER	
12. DESCRIPTION (Provide full title of the publication or complete description of the item)			

13. DISPOSITION OF RECORD (If appropriate, indicate the disposition of the record; i.e., "Destroy in 1 year", "Destroy when notified by the OPI", "Return to the OPI", "Record is to be updated monthly/annually/as required", etc.)

14. REMARKS (Include any additional information on the record. Specify any special reading devices, equipment, or software required to make records readable.)

RECORDS MANAGEMENT OFFICER (Printed Name)		(Signature)	DATE SENT BY OPI (YYYYMMDD)
ORGANIZATION	SID	PHONE (Secure)	(Non-Secure)
RECEIVED BY DC325 (VR) (Printed Name)		(Signature)	DATE RECEIVED BY DC325 (VR) (YYYYMMDD)

FORM O3748A REV JAN 2001 (Supersedes O3748A REV NOV 2000 which is obsolete)

SECURITY CLASSIFICATION

Derived From:

Dated:

Declassify On:

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

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FILE NO.

REV. NO.

DATE

BY

APPROVED BY

SIGNATURE

DATE

BY

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