

REQUEST FOR PSIP INVESTIGATION

_____ Military	Top Secret	Periodic Reinvestigation	Yes	No
_____ Civilian	Secret			
_____ Contractor	Suitability/Network	Reason for Access _____		MOS _____
_____ IT Level I	Last _____	First _____	Middle _____	Initial Only
_____ IT Level II				No Middle Name
_____ IT Level III	SSN _____	DOB DD/MM/YYYY _____		
_____ None	Rank _____	Check One: Ms. Mrs. Miss. Mr.		Suffix: _____
US Citizen	Yes	No	One of the below listed documents will be used to verify US citizenship	
	S2/Security Manager will review one of the following documents:			
	US Birth Certificate Registration Number _____			
	US Passport - Registration Number, Date and Location where issued _____			
_____	Certificate of Naturalization, Registration Number, Date, Court and Location Issued _____			
	Department of State, Consular Report of Birth FS 240, Registration Number _____			
	Department of State, Certification of Birth, FS 545/DS-1350, Registration Number _____			
	Certificate of Citizenship (born abroad to a U.S. citizen parent or parents), Registration Number _____			
Country of Birth _____	State of Birth _____	City of Birth _____		
(Provide Correct Spelling)				
Unit of Assignment _____	UIC _____			
Expedite Request	Yes	No	Reason _____	
Interim Clearance Required	Yes	No	Justification _____	
Applicant Preferred Email Address _____				
Applicant Email Address (Secondary email) _____				
Supervisor Email Address (Enterprise Preferred) _____				
Primary Phone Number _____	(check one)	Com	DSN	Cell
Secondary Phone Number _____	(check one)	Com	DSN	Cell
S2/Security Manager Email Address (Enterprise Preferred) _____				
Primary Phone Number _____	(Check one)	Com	DSN	Cell
Secondary Phone Number _____	(Check one)	Com	DSN	Cell
NOTICE: After security receives this form, you will be contacted by the ARMY Center of Excellence by the email provided above with specific instructions to start your required background investigation.				
SECURITY OFFICE USE ONLY:				
Clearance required (attach Justification):	SECRET	TOP SECRET		
Initiated By:	Date Initiated:	PSIP Ticket No#	CLR	