



THE FORM IS SENSITIVE BUT UNCLASSIFIED (SBU) WHEN COMPLETED

OFFICE OF HOMELAND SECURITY (OHS) PERSONNEL & DOCUMENT SECURITY DIVISION (PDSD)  
REQUEST FOR PERSONNEL SECURITY SERVICE

PERSONNEL SECURITY SERVICE REQUEST INSTRUCTIONS

Agencies requiring Personnel Security Services **must** provide the following information: Type of action being requested from PDSD: You must indicate the service requested from the list provided.

1. Name of employee service is requested for – Provide full legal name of applicant.
  - 1.a.-SSN#- Full social security number is required to initiate service.
2. Job status-Is the individual an applicant, Federal employee, volunteer etc.
3. Position title: What is the official title of the position to be held.
4. Date & Place of Birth
  - 4.a.-Month/Day/Year of birth.
  - 4.b.-City and State of birth
5. USDA Agency assigned-List Parent agency.
6. Duty Location-City and State of permanent assignment.
7. National Security Positions- Choose from the list the Position Sensitivity Level and the Level of clearance required.  
Note\* SF-86 needs to be submitted to initiate clearances for all National Security Positions.
8. Public Trust Position- Choose from the list the Position Sensitivity Level required.  
Note\* SF-85P needs to be submitted to initiate suitability for all Public Trust Positions.
9. Type of Investigation- Choose from the list the type of investigation being requested and whether it is priority or standard.
10. Required Accounting Information-Complete blocks 10a-10c with funding data.
11. Subject's Email Address- Provide email address so subject maybe contacted if needed.
12. Remarks/Notes- Add any additional details you would like us to know.
13. Requested By- Must be an Agency POC or other person authorized to allocate funds. -
  - 13.a. Please print full legal name.
  - 13.b Please sign full legal name.
14. Date- mm/dd/yy.
15. Point of Contact for Questions: Provide name, number and email of a person who can speak about the subject.
16. Justification for Access to Classified Material: Please provide detailed information regarding the need for access.



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**OFFICE OF HOMELAND SECURITY (OHS) PERSONNEL & DOCUMENT SECURITY DIVISION (PDSD)**  
**REQUEST FOR PERSONNEL SECURITY SERVICE**

Complete **ALL** of the information below and attach it to the appropriate paperwork. Required data must be updated in WebSETS prior to submission to PDSD.

Mark as applicable	TYPE OF ACTION BEING REQUESTED FROM PDSD
	INITIAL INVESTIGATION <i>(You must verify in CVS that an existing investigation cannot be used under Reciprocity.)</i>
	REINVESTIGATION <i>(You must verify a favorably adjudicated initial investigation, at the appropriate level, was completed.)</i>
	RECIPROCITY: TRANSFER INVESTIGATION FROM OUTSIDE OF USDA <i>(No more than 2yr. break in service required.)</i>
	UPGRADE/DOWNGRADE EXISTING SECURITY OR SUITABILITY SENSITIVITY LEVEL <i>(Select new designation below.)</i>
	INTERNAL TRANSFER OF SUITABILITY/SECURITY DETERMINATION (WITHIN USDA) <i>(***See below.)</i>
	INTERIM SECURITY CLEARANCE <i>(Provide AD-1190 request for waiver and exceptions to investigative requirements.)</i>

**EMPLOYEE INFORMATION**

1. NAME:	2. JOB STATUS:	Mark as applicable
	FEDERAL EMPLOYEE	
1a. SSN#: <i>(SSN required on ALL Actions)</i>	CONTRACTOR	
	APPLICANT	
3. POSITION TITLE:	VOLUNTEER	
	4.a DOB:	4.b POB

**JOB INFORMATION**

5. USDA AGENCY:	6. DUTY LOCATION:
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**POSITION DESIGNATION INFORMATION**

7. NATIONAL SECURITY POSITION (SF-86): <i>SF-86 Must be completed to initiate clearance process</i>		8. POSITION SENSITIVITY LEVEL		LEVEL OF ACCESS TO CNSI REQUESTED:	
Access to Top Secret Required? If the answer is yes include justification in block #12 on form page 2	YES	NO	SPECIAL SENSITIVE	NONE	
				CONFIDENTIAL	
			CRITICAL SENSITIVE	SECRET	
			NON-CRITICAL SENSITIVE	TOP SECRET	
			<i>If SCI is required, please submit AD-1188 with this form.</i>	TOP SECRET/SCI	

PUBLIC TRUST POSITION (SF-85P) <i>SF-85P Must be completed to initiate suitability process.</i>	9. TYPE OF INVESTIGATION	POSITION SENSITIVITY LEVEL
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9. TYPE OF INVESTIGATION		HIGH RISK	
		MODERATE RISK	
TYPE OF INVESTIGATION (PICK ONE)	Priority (A)	Standard (B) or (C)	10.a OPAC-ALC:
RSI (Special Request)			10.b MISCELLANEOUS OBLIGATION NUMBER
Tier 2S (57A or 57C)			10.c AGENCY DATA
Tier 2RS (58A or 58C on SF85P only)			11. SUBJECT'S EMAIL ADDRESS:
Tier 3 (64B Standard only)			12. REMARKS/NOTES
Tier 3R (65B Standard Only)			
Tier 4 (66A or 66C)			
Tier 4R (67A or 67C)			
Tier 5 (70A or 70C)			
Tier 5R (71A or 71C)			

13a. REQUESTED BY: <i>(must be an Agency POC or other person authorized to allocate funds) Please print full name below:</i>	
13b AUTHORIZING SIGNATURE (Required)	14. DATE
	15. POINT OF CONTACT FOR QUESTIONS:
	NAME:
	EMAIL:
	PHONE:

NOTICE: The Privacy Act, 5 U.S.C. 552a, requires that federal agencies inform individuals at the time information is solicited from them, whether the disclosure is mandatory or voluntary, by what authority such information is solicited, and what uses will be made of the information. You are hereby advised that authority for soliciting your Social Security Number (SSN) is Executive Order 9397. Your SSN is needed to keep records accurate because other people may have the same name and birth date. Your SSN will be used to identify you precisely when it is necessary to 1) certify that you need to have access as indicated above or 2) determine that your access to such information is no longer needed. Although disclosure of your SSN is not mandatory, your failure to do so may impede the processing of such certifications or determinations, or possibly result in the denial of your being granted access to classified information.