

USSOUTHCOM Personnel Security Local Records Check

PART I- SUBJECT INFORMATION

1. Name: (Last, First, M.I.) Other names: (maiden name, alias, AKA)		2. SSN / Nat'l ID No.:	3. Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	4. Date of Birth:
5. Place of Birth: CITY: COUNTY: TOWNSHIP: STATE: - COUNTRY: PROVINCE: -	6. Racial Category <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White/Caucasian: <input type="checkbox"/> Native Hawaiian or <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> OTHER	7. Two Original Identity Source Documents (one photo ID required) a. <input type="checkbox"/> U.S. Passport b. <input type="checkbox"/> U.S. Birth Certificate c. <input type="checkbox"/> Report of Birth Abroad d. <input type="checkbox"/> U.S. Naturalization Certificate e. <input type="checkbox"/> DoD or Federal ID		f. <input type="checkbox"/> Unexpired U.S. Permanent Resident Card g. <input type="checkbox"/> Unexpired Employment Authorization Document h. <input type="checkbox"/> Unexpired foreign passport with a valid I-94 or I-94A for a class of admission that permits employment i. <input type="checkbox"/> Driver's License j. <input type="checkbox"/> Other ID listed in I-9 Employment Eligibility Verification
8. Country of Citizenship:	9. If not a U.S. Citizen are you a U.S. Permanent Resident: <input type="checkbox"/> YES <input type="checkbox"/> NO	10. Have you been charged and/or convicted of a Felony Offense within the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Offense: _____	11. Employer Company or Agency/Address/Phone:	

12. I hereby consent to a Local Records Check which will be used for a determination of access to USSOUTHCOM facilities and/or information.
Signature/Date: _____

PART II – REQUESTING GOVERNMENT SPONSOR

13. Sponsor Printed Name, Position and Phone No. _____

Sponsor Signature and Date: _____

PART III – LAW ENFORCEMENT:

14.

<input type="checkbox"/> FDLE Criminal History Check	<input type="checkbox"/> RECORDS FOUND	<input type="checkbox"/> NO RECORDS FOUND	<input type="checkbox"/> PENDING CHARGES/COURT ACTION
<input type="checkbox"/> Law Enforcement Agency	<input type="checkbox"/> RECORDS FOUND	<input type="checkbox"/> NO RECORDS FOUND	<input type="checkbox"/> PENDING CHARGES/COURT ACTION
<input type="checkbox"/> NCIC	<input type="checkbox"/> RECORDS FOUND	<input type="checkbox"/> NO RECORDS FOUND	<input type="checkbox"/> PENDING CHARGES/COURT ACTION
<input type="checkbox"/> SDN	<input type="checkbox"/> RECORDS FOUND	<input type="checkbox"/> NO RECORDS FOUND	<input type="checkbox"/> PENDING CHARGES/COURT ACTION
<input type="checkbox"/> E-Verify	<input type="checkbox"/> RECORDS FOUND	<input type="checkbox"/> NO RECORDS FOUND	<input type="checkbox"/> PENDING CHARGES/COURT ACTION
<input type="checkbox"/> ALERTS (previously COPS)	<input type="checkbox"/> RECORDS FOUND	<input type="checkbox"/> NO RECORDS FOUND	<input type="checkbox"/> PENDING CHARGES/COURT ACTION

Results:(List whether offense was a misdemeanor or felony and year)

At no time dissemination either by writing, verbal, or CJIS hard copy of the criminal history reports obtained through the CJIS System be released to unauthorized persons.

I Certify that a Local Records Check was conducted and the information is true and correct according to the record on file.

NAME: _____ AGENCY: _____ DATE: _____

PART IV – PERSONNEL SECURITY MANAGER CERTIFICATION:

15. Name/Signature	Date:	Expires on:
		<input type="checkbox"/> Sponsor Notified
		<input type="checkbox"/> Attachments
		<input type="checkbox"/> JPAS Updated
		<input type="checkbox"/> Cancel

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