



Security

PERSONNEL SECURITY PROGRAM MANAGEMENT

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

OPR: 439 SFS/SFA (Capt Rodney Walker)

Certified by: 439 SPTG/CC
(Lt Col James Joyce)

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AFI 31-501, 2 May 1994, is supplemented as follows:

SUMMARY OF REVISIONS

This revision establishes the point of contact for personnel security matters (paragraph 1.1.5); identifies the servicing security activity (SSA) (paragraph 1.1.6); establishes procedures for tracer actions (paragraph 3.1); establishes procedures for recertification of previous clearance, interim clearance and status of investigations for military and civilian personnel (paragraphs 4.2 and 4.3); identifies the authorized requester of personnel security investigations (PSI) (paragraph 5.1); explains how investigations are cancelled (paragraph 5.1.4); identifies an example of AF Form 2583, **Request for Personnel Action** (paragraph 5.2); describes fingerprinting services (paragraph 5.3); describes how to acquire the ASCAS roster (paragraph 7.2.2); describes how to request a Security Information File (SIF) (paragraph 8.1); and establishes procedures concerning security meetings (paragraph 9.2). A * indicates revisions from the previous edition.

*1.1.5. (Added-439 AW) The Westover ARB Chief of Security Forces (439 SFS/CC) serves as the single point of contact for personnel security matters and ensures implementation guidance for the 439 Airlift Wing (AW) Personnel Security program.

*1.1.6. (Added-439 AW) The SSA for Westover ARB is the 439 SFS/Personnel Security Section (SFA).

*3.1. Civilian Personnel (439 SPTG/DPC) will establish procedures to ensure tracer actions are initiated for: pending National Agency Check plus written inquiries (NACI) for civilian employees who occupy non-sensitive or non-critical sensitive positions, recertifying a previous clearance on civilian members, requests for interim certification, and status tracers on civilians.

*4.2. (Added-439 AW) For civilian personnel, DPC will forward requests for recertification of previous clearance, interim clearance and status of investigations via Civilian Personnel Data System (PDS) by tracer through the Personnel Center at Randolph AFB TX to the 497 Intelligence Group at Bolling AFB, Washington DC. DPC will provide SFA a comeback copy of tracer and comeback rips for tracers submitted via the base-level PDS. In addition, DPC will

forward a copy of the tracer comebacks and final civilian security clearance eligibility records (Civilian Report on Individual Personnel) to the respective commander.

*4.3. (Added-439 AW) For military personnel, security managers will forward all requests for recertification of previous clearance, interim clearance and status of investigations via Personnel Concept III terminals (PC-III) to SFA for coordination and forwarding to 497 Intelligence Group, Bolling AFB, Washington DC.

*5.1. SFA is the authorized requester of PSI for all USAF organizations assigned to Westover ARB.

*5.1.4. Investigations that are not required should be canceled in writing (see attachment 6, Sample Cancellation of Investigation Letter).

*5.2. AF Forms 2583 must contain the following information in item 30 (see attachment 7, Sample of AF Form 2583). Current clearance and date (i.e., TS 940304 or SBI 931202). Citizenship verification and method (i.e., By Birth US Citizen/Automated Security Clearance Approval System (ASCAS) or Naturalized US Citizen/ASCAS).

*5.3. (Added-439 AW) SFA provides fingerprinting service for all active duty military for personnel security investigations and citizenship to DPC for personnel security and for agencies who have specifically requested fingerprinting service through the host tenant support agreement. Service is provided Monday through Friday (excluding holidays) from 0800-1600 in building 1520.

*7.2.2. Westover ARB units with PC-III access will acquire the ASCAS roster (and ASCAS Error Roster) for their individual unit via their PC-III terminal located in the unit personnel office. Unit security managers must maintain a valid unit ASCAS roster (within 30 days) to conduct clearance verifications. Unit security managers must immediately initiate the appropriate corrective actions to correct problems identified on the ASCAS Error Roster.

*8.1. Unit commanders request establishment of SIF via letter to SFA (see attachment 8, Sample Request to Establish a Security Information File (SIF) Letter).

*9.2. SFA conducts training and briefings on personnel security topics at each unit security managers meeting. Units must ensure the primary or alternate unit security manager attends these meetings. Meetings are announced via e-mail.

JAMES D. BANKERS, Brig Gen, USAFR
Commander

Attachment 6 (Added-439 AW)

SAMPLE CANCELLATION OF INVESTIGATION LETTER

Date

MEMORANDUM FOR 439 SF/SFA

FROM: UNIT/OFFICE SYMBOL

SUBJECT: Cancellation of Investigation, SrA John Allan Does

1. Request cancellation of the investigation on the above mentioned individual. The following information pertaining to (subject's rank, and last name) is provided:

- a. Name/Rank: (Rank, Last, First Full Middle Name)
- b. Alias: (maiden, previous married names, none, etc.)
- c. SSN: (social security number)
- d. Date of Birth: (YYMMDD)
- e. Place of Birth: (City and State)
- f. Duty Phone: (DSN 846-4240)

2. A (SSBI, SSBI/PR, NAC or Secret/PR) was submitted on (date).

3. The reason for cancellation is (state reason).

4. If you have any questions or require additional information, please feel free to contact me at (your phone number).

FIRST M. LAST, SSgt, USAFR
Unit Security Manager

Attachment 7 (Added-439 AW)

SAMPLE AF FORM 2583, REQUEST FOR PERSONNEL SECURITY ACTION

REQUEST FOR PERSONNEL SECURITY ACTION					
<small>AUTHORITY: 10 U.S.C. 8012; 44 U.S.C. 3101; and EO 9397. PRINCIPAL PURPOSES: To identify investigation, security clearance, unescorted entry requirements, and special access program authorizations. ROUTINE USES: To request personnel security investigations, record emergency or limited access authorization, entry to restricted areas, and to record special access program authorizations. SSN is used for positive identification of the individual and records. DISCLOSURE IS VOLUNTARY: Failure to information and SSN could result in assignment to less sensitive duties.</small>					
I. IDENTIFYING INFORMATION					
1. NAME (Last, First, Middle, Maiden) JOHN SMITH			2. ORGANIZATION OR FIRM SPONSOR 439 AW		
3. GRADE SGT	4. SSN 000-00-0000	5. CITIZENSHIP <input checked="" type="checkbox"/> US CITIZEN <input type="checkbox"/> IMMIGRANT ALIEN <input type="checkbox"/> NON-US NATIONAL			
6. DATE OF BIRTH 14 Dec 45		7. PLACE OF BIRTH (City, State, and Country) CHICOPEE, MA, USA			
II. INVESTIGATION, CLEARANCE, ELIGIBILITY, ENTRY AND ACCESS REQUIREMENTS					
9. INVESTIGATION REQUIREMENT			9. CLEARANCE, ENTRY OR ACCESS REQUIREMENT		
<input checked="" type="checkbox"/> NATIONAL AGENCY CHECK (NAC)			<input type="checkbox"/> ONE-TIME ACCESS		<input type="checkbox"/> LIMITED ACCESS
NATIONAL AGENCY CHECK-WRITTEN INQUIRIES (NACI)			<input type="checkbox"/> INTERIM CLEARANCE		<input type="checkbox"/> SPECIAL ACCESS
BACKGROUND INVESTIGATION (BI)			<input type="checkbox"/> FINAL CLEARANCE		<input type="checkbox"/> UNESCORTED ENTRY
SPECIAL BACKGROUND INVESTIGATION (SBI)			<input type="checkbox"/> TOP SECRET		<input type="checkbox"/> PRIORITY A
BI PERIODIC REINVESTIGATION (PRI)			<input checked="" type="checkbox"/> SECRET		<input type="checkbox"/> PRIORITY B
SBI PERIODIC REINVESTIGATION (PRI)			<input type="checkbox"/> CONFIDENTIAL		<input type="checkbox"/> PRIORITY C
III. LOCAL FILES CHECK					
10. TO: 439 SFA			11. FROM: (REQUESTING UNIT)		
12. DATE 12 Dec 98	13. TYPED NAME, GRADE AND TITLE OF REQUESTER (UNIT SECURITY MANAGER)		14. SIGNATURE		
IV. MEDICAL RECORDS CHECK					
15. I CERTIFY a medical records check required by DOD 5200.2R/AFR 205-32, has been completed and no information exists, unless shown in Section VII, which would preclude the granting of a security clearance, unescorted entry to restricted areas, or access to special program classified information.					
16. DATE 12 Dec 98	17. TYPED NAME AND GRADE OF BASE DIRECTOR, MEDICAL SERVICES (439 MDS/CC OR DESIGNEE)		18. SIGNATURE		
V. SECURITY POLICE RECORDS CHECK					
19. I CERTIFY a security police records check required by AFR 205-32, has been completed and no information exists, unless shown in Section VII, which would preclude the granting of a security clearance, unescorted entry to restricted areas, or access to special program classified information.					
20. DATE 12 Dec 98	21. TYPED NAME AND GRADE OF SECURITY POLICE OFFICIAL (439 SFA)		22. SIGNATURE		
VI. ACCESS AUTHORIZATION					
<input type="checkbox"/> ONE-TIME ACCESS		<input type="checkbox"/> LIMITED ACCESS		<input type="checkbox"/> CNWDI <input type="checkbox"/> NATO	
				SIOP/ESI	
				<input type="checkbox"/> CONTINUING <input type="checkbox"/> ONE-TIME	
23. I CERTIFY the named individual requires access to the above special program(s), meets all investigative and clearance requirements, and has been briefed on program responsibilities as outlined in the governing directive. If applicable, emergency or limited access is necessary and will not endanger the national security.					
24. DATE	25. TYPED NAME, GRADE AND TITLE OF APPROVING AUTHORITY		26. SIGNATURE		
27. DATE	28. TYPED NAME, GRADE AND TITLE OF SPECIAL ACCESS PROGRAM CERTIFYING OFFICIAL		29. SIGNATURE		
VII. REMARKS					
30. <i>If more space is needed, use reverse and show item number being continued!</i>					

Attachment 8 (Added-439 AW)

**SAMPLE REQUEST TO ESTABLISH A
SECURITY INFORMATION FILE (SIF) LETTER**

Date

MEMORANDUM FOR 439 SFS/SFA

FROM: UNIT/CC

SUBJECT: Request Establishment of a Security Information File (SIF) SrA Doe, John Allan

1. Request an SSF be established on (rank, name).
2. I have become aware of (subject's rank, last name) involvement in (be specific). After a review of DoDR 5200.2, paragraph 2.200 and Appendix I, and AFI 31-501, Chapter 8, it is determined that further evaluation is needed to determine the subject's eligibility to retain access to classified information or unescorted entry to restricted areas.
3. (Subject's rank, Last Name) has been placed in a nonsensitive position and all access to classified information or unescorted entry to restricted areas (has/has not) been withdrawn in accordance with AFI 31-501, paragraph 8.3.
4. (NOTE: If applicable, address any of the following in the letter.)
 - a. There is a report of investigation (ROI). (Name of agency) is conducting the investigation. Date of the ROI is (date).
 - b. Subject has been referred to Mental Health for a mental health evaluation. Date of referral is (date).
 - c. Subject has been referred to Social Actions. Date of referral is (date).
 - d. Subject was given disciplinary action for this incident. The disciplinary action given was (i.e., Article 15, fine of \$, court martial).
 - e. A court martial is projected for this individual. The date of the court martial is (date).
 - f. The subject's present retirement or separation date is (date).
 - g. We (do/do not) intend to discharge the subject in accordance with AFI 36-3206, *Administrative Discharge Procedures for Commissioned Officers*, or AFI 36-3208, *Administrative Separation of Airmen*.
5. I will provide your office with status updates in accordance with AFI 31-501, paragraph 8.7.

6. If you have any questions regarding this request, please call my office at (phone number of commander or staff agency chief).

Commander or Staff Agency Chief's
Signature Block

Attachments:

1. Adverse Security Determination
2. AF Form 2583
3. AF Form 2586
4. AF Form 2587

Attachment 9 (Added-439 AW)

SAMPLE STATUS OF INVESTIGATION LETTER

Date

MEMORANDUM FOR 439 SFS/SFA

FROM: UNIT/FAS

SUBJECT: Status of Investigation, SrA Doe, John Allan

1. Request status of (SSBI, SSBI/PR, NAC, NACI or SECRET/PR) submitted on (date) for the above mentioned individual. The following information pertaining to (subject's rank, last name) is provided:

- a. Name/Rank: (Rank, Last, First, Full Middle Name)
- b. Alias: (Maiden, previous married names, none, etc.)
- c. SSN: (social security number)
- d. Date of Birth: (YYMMDD)
- e. Place of Birth: (City and State)
- f. Duty Phone: (DSN 846-4240)

2. The following prior security clearance information is provided for the tracer:

- a. Eligibility/date: (Top Secret, 900115)
- b. Investigation/date: (SSBI, 900102)
- c. Investigative Agency: (DIS)
- d. Clearance Granting Agency: (497 IG/INSA)

3. If you have any questions or require additional information, please feel free to contact me at (your phone number).

Unit Security Manager's Signature Block

NOTE: This tracer action may be sent by the unit via PC-III through the Security Police for coordination.

Attachment 10 (Added-439 AW)**SAMPLE REQUEST FOR RECERTIFICATION OF
SECURITY CLEARANCE LETTER**

Date

MEMORANDUM FOR 439 SFS/SFA

FROM: UNIT/FAS

SUBJECT: Request Recertification of Security Clearance, SrA Doe, John Allan

1. Request recertification of the above mentioned subject:
 - a. Name/Rank: (Rank, Last, First, Full Middle Name)
 - b. Alias: (Maiden, previous married names, none, etc.)
 - c. SSN: (social security number)
 - d. Date of Birth: (YYMMDD)
 - e. Place of Birth: (City and State)
 - f. Duty Phone: (DSN 846-4240)
2. The following employment and service history is provided for the tracer:
 - a. Active Duty Military:
 - (1) From: (YYMMDD)
 - (2) To: (YYMMDD)
 - (3) Branch of Service:
 - (4) Rank:
 - (5) PCS to Kirtland AFB from (indicate last military base).
 - b. Participating Reserve or National Guard:
 - (1) From: (YYMMDD)
 - (2) To: (YYMMDD)
 - (3) Branch of Service
 - (4) Rank

c. Reserve Officer Training Corps (ROTC):

- (1) From: (YYMMDD)
- (2) To: (YYMMDD)
- (3) Branch of Service
- (4) Commission Date:

d. Federal Civil Service:

- (1) Agency/telephone number: DSN
- (2) From: (YYMMDD)
- (3) To: (YYMMDD)

NOTE: Identify all agencies where assigned. If more room is needed, attach a separate sheet with the name and SSN of the subject:

e. DOD Contractor:

- (1) Employer:
- (2) From: (YYMMDD)
- (3) To: (YYMMDD)
- (4) Address:
- (5) Telephone:
- (6) City and State:
- (7) Zip Code:

NOTE: Identify all DOD contractor employment. If more room is needed, attach a separate sheet with the name and SSN of the subject:

3. The following prior security clearance information is provided for the tracer:

- a. Eligibility/date: (Top Secret, 900115)
- b. Investigation/date: (SSBI, 900102)
- c. Investigative Agency: (DIS)

d. Clearance Granting Agency: (497 IG/INSA)

4. If you have any questions or require additional information, please feel free to contact me at (your phone number).

Unit Security Manager's Signature Block

Attachment 11 (Added-439 AW)

**SAMPLE REQUEST FOR INTERIM TOP SECRET
SECURITY CLEARANCE LETTER**

(see AFI 31-501, paragraph 7.3)

Date

MEMORANDUM FOR 439 SFS/SFA

FROM: UNIT/FAS

SUBJECT: Request Interim Top Secret Security Clearance, SrA Doe, John Allan

1. Request an interim clearance on the above mentioned subject whose (SSBI or SSBI/PR) was submitted on (date).

- a. Name/Rank: (Rank, Last, First, Full Middle Name)
- b. Alias: (Maiden, previous married names, none, etc.)
- c. SSN: (social security number)
- d. Date of Birth: (YYMMDD)
- e. Place of Birth: (City and State)
- f. Duty Phone: (DSN 846-4240)

2. The following employment and service history is provided for the tracer:

a. Active Duty Military:

- (1) From: (YYMMDD)
- (2) To: (YYMMDD)
- (3) Branch of Service:
- (4) Rank:
- (5) PCS to Kirtland AFB from (indicate last military base).

b. Participating Reserve or National Guard:

- (1) From: (YYMMDD)
- (2) To: (YYMMDD)
- (3) Branch of Service

(4) Rank

c. Reserve Officer Training Corps (ROTC):

(1) From: (YYMMDD)

(2) To: (YYMMDD)

(3) Branch of Service

(4) Commission Date:

d. Federal Civil Service:

(1) Agency/telephone number: DSN

(2) From: (YYMMDD)

(3) To: (YYMMDD)

NOTE: Identify all agencies where assigned. If more room is needed, attach a separate sheet with the name and SSN of the subject:

e. DOD Contractor:

(1) Employer:

(2) From: (YYMMDD)

(3) To: (YYMMDD)

(4) Address:

(5) Telephone:

(6) City and State:

(7) Zip Code:

NOTE: Identify all DOD contractor employment. If more room is needed, attach a separate sheet with the name and SSN of the subject.

3. The following prior security clearance information is provided for the tracer:

a. Eligibility/date: (Top Secret, 900115)

b. Investigation/Date: (SSBI, 900102)

- c. Investigative Agency: (DIS)
 - d. Clearance Granting Agency: (497 IG/INSA)
4. If you have any questions or require additional information, please feel free to contact me at (your phone number).

Unit Security Manager's Signature Block