## U.S. Department of Commerce - Office of Security Security / Request for Investigation Coversheet

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| Date: | •<br>• |  |
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| Status:   |                                  | Volunte | er/Studen                   | t               | STATES OF AM  |                   |  |
|---|----------------------------------|---------|-----------------------------|-----------------|---------------|-------------------|--|
| Federal Employee  |                                  | Associa | ociate/Guest                |                 |               |                   |  |
| Contractor  |                                  | Foreign | eign National *(See Note 3) |                 |               |                   |  |
| Bureau / Line Office  |                                  |         |                             |                 |               |                   |  |
| Legal Name (First, Middle   | e, Last)                         |         |                             |                 |               |                   |  |
| Other Names Used (exam  | nple: Maiden Name                | e)      |                             |                 |               |                   |  |
| Social Security   |                                  |         |                             |                 | Date of Bi    | rth               |  |
| Number  |                                  |         |                             |                 | (MM/DD/Y      | YYY)              |  |
| Place of Birth (City, State,  | Country)                         |         |                             |                 |               |                   |  |
| Country of Citizenship  |                                  | Du      | ıal Citizens                | hip             |               |                   |  |
| Subject's Email Address   |                                  |         |                             |                 |               |                   |  |
| ļ   |                                  |         |                             |                 |               |                   |  |
| Visa Number   |                                  | Alien F | Registratio                 | n Number        |               |                   |  |
|   |                                  |         |                             |                 |               |                   |  |
| Position Title  |                                  |         |                             |                 |               |                   |  |
| Geographic Code (If Empl  |                                  |         | Natur                       | e of Action Co  | ode (If Emplo | yee)              |  |
| Duty Station (complete a  | ddress)                          |         |                             |                 |               |                   |  |
|   |                                  |         |                             |                 |               |                   |  |
| Start Date (EOD)  |                                  |         | End Date                    |                 |               |                   |  |
| Contract Company  |                                  |         | Contract Number             |                 |               |                   |  |
| Supervisor / COR  |                                  |         | Super                       | visor's / COR's | s Phone #     |                   |  |
| HR/COR/Sponsor Email  |                                  |         |                             |                 |               |                   |  |
| HR/COR/Sponsor Signatu  |                                  |         |                             |                 |               |                   |  |
| Previous Federal / DOC W  | Vork Dates                       |         |                             |                 |               |                   |  |
|   |                                  |         |                             |                 |               |                   |  |
| Type of investigation   | Print                            | s S     | AC                          | Tier 1          | Tier 2        | 2S                |  |
| (check one)   | (less than 3                     | * '     | ss than 179 days)           |                 |               |                   |  |
| (check one)   | Tier 3                           | 8 T     | ier 4                       | Tier 5          | Reinvest      | igation           |  |
| Position Sensitivity  | Low Risk Moderate Risk High Risk |         |                             |                 |               |                   |  |
| (check one)   | Noncritical-Sensitive            |         | Critical-Sensitive          |                 | ive           | Special-Sensitive |  |
| Mandatory Financial Fields for Processing Background Investigations |                                  |         |                             |                 |               |                   |  |
| Treasury Account  | nandatory i manci                |         |                             |                 |               |                   |  |
|   |                                  |         |                             |                 |               |                   |  |
| •   | SP ATA                           | AID     | ВРОА                        | EPOA            | A Main        | Sub Format        |  |
| Symbol (TAS)  | SP ATA                           | AID     | BPOA                        | EPOA            | A Main        | Sub Format  C     |  |
| •   | SP ATA Organization co           |         | ВРОА                        | EPOA            | A Main        |                   |  |

## **NOTES:**

- 1. It is critically important that the TAS fields are accurately populated because they identify the fund account that will be used to pay for your investigation. If you don't know your TAS code you will need to consult your local finance or budget office.
- 2. Treasury Account Symbol must be provided and all fields completed. No actions will be processed without this information.
- 3. You must complete additional requirements listed in DAO 207-12 to obtain authorization for foreign national access to a DOC facility. Please contact your Servicing Security Office if you have any questions.
- 4. Do not email this when filled-out. It will contain Personally Identifiable Information (PII).
- 5. TIER 1 (PREVIOUSLY NACI) TIER 2S (PREVIOUSLY MBI)