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

| Date: |  |
|-------|--|
|       |  |



| Status:  | Volunteer/Student                    |                                     |                              |                      |              |                | STATES OF AME |            |  |  |
|--|--------------------------------------|-------------------------------------|------------------------------|----------------------|--------------|----------------|---------------|------------|--|--|
| Federal Employee   |                                      | Associate/Guest                     |                              |                      |              |                |               |            |  |  |
| Contractor   |                                      | Foreign National *(See Note 3)      |                              |                      |              |                |               |            |  |  |
| Bureau / Line Office                                     |                                      |                                     |                              |                      |              |                |               |            |  |  |
| Legal Name (First, Middle                                |                                      |                                     |                              |                      |              |                |               |            |  |  |
| Other Names Used (example: Maiden Name)                  |                                      |                                     |                              |                      |              |                |               |            |  |  |
| Social Security  |                                      |                                     |                              | Gender Date of Birth |              |                |               |            |  |  |
| Number   |                                      |                                     | Mal                          | Male Female (MM/DD/) |              |                | YYYY)         |            |  |  |
| Place of Birth (City, State,                             |                                      |                                     |                              |                      |              |                |               |            |  |  |
| Country of Citizenship                                   |                                      | Dual Ci                             | itizens                      | ship                 |              |                |               |            |  |  |
| Subject's Email Address                                  |                                      |                                     |                              |                      |              |                |               |            |  |  |
|  |                                      |                                     |                              |                      |              |                |               |            |  |  |
| Visa Number  | isa Number Alien Registration Number |                                     |                              |                      |              |                |               |            |  |  |
|  |                                      |                                     |                              |                      |              |                |               |            |  |  |
| Position Title   |                                      |                                     |                              |                      |              |                |               |            |  |  |
| Geographic Code (If Empl                                 | oyee)                                | Nature of Action Code (If Employee) |                              |                      |              |                |               |            |  |  |
| Duty Station (complete address)                          |                                      |                                     |                              |                      |              |                |               |            |  |  |
|  |                                      |                                     |                              |                      |              |                |               |            |  |  |
| Start Date (EOD)   |                                      | End Date                            |                              |                      |              |                |               |            |  |  |
| Contract Company   |                                      | Contract Numb                       |                              |                      | ract Number  |                |               |            |  |  |
| Supervisor / COR   |                                      |                                     | Supervisor's / COR's Phone # |                      |              |                |               |            |  |  |
| HR/COR/Sponsor Email                                     |                                      |                                     |                              |                      |              |                |               |            |  |  |
| HR/COR/Sponsor Signatu                                   |                                      |                                     |                              |                      |              |                |               |            |  |  |
| Previous Federal / DOC W                                 | /ork Dates                           |                                     |                              |                      |              |                |               |            |  |  |
|  |                                      |                                     |                              |                      |              |                |               |            |  |  |
| Type of investigation                                    | Prin                                 | ts                                  | SAC                          |                      | Tier 1       | Tier           | · 2S          |            |  |  |
| (check one)  | (less than 3                         |                                     | ess than 179 days)           |                      |              |                |               |            |  |  |
| (CHECK OHE)  | Tier                                 | 3                                   | Tier 4                       | 1                    | Tier 5       | Reinve         | stigation     |            |  |  |
| Position Sensitivity                                     | Low Risk                             |                                     |                              | N                    | Ioderate Ris | sk             | Hig           | h Risk     |  |  |
| (check one)  | Noncritical-                         |                                     |                              |                      | U            | cial-Sensitive |               |            |  |  |
|  |                                      |                                     |                              |                      |              |                |               |            |  |  |
| Treasury Account  SP ATA AID BPOA FPOA A Main Sub Format |                                      |                                     |                              |                      |              |                |               |            |  |  |
| Symbol (TAS)   | SP ATA                               | AID                                 | ВРО                          | Α                    | EPOA         | A Mai          | n             | Sub Format |  |  |
| *fill in all active fields                               |                                      |                                     |                              |                      |              |                |               | С          |  |  |
|  | Organization co                      | nde.                                |                              |                      |              |                |               |            |  |  |
| Accounting Data  |                                      | 740                                 |                              |                      |              |                |               |            |  |  |
|  | Project code                         |                                     |                              |                      |              |                |               |            |  |  |

## 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)