

MCAS IWAKUNI LOCAL RECORDS CHECK

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 5031; 44 U.S.C. 3103 AND EO 9397

PRINCIPAL PURPOSE: Used to record information and details of criminal activity which may require investigative action by commanding officers, supervisors, NCIS special agents, etc. Used to provide information to the appropriate individuals within DoD organizations who ensure that proper legal and administrative action is taken.

ROUTINE USES: Information may be disclosed to local, county, state, and federal law enforcement or investigatory authorities for investigation and possible criminal or civil court action. Information extracted from this form may be used in other related criminal and/or civil proceedings.

DISCLOSURE: Voluntary. SSN is used to positively identify the individual making the statement and as a conduit to check past criminal activity records. Failure to disclose any information may result in delay of processing.

(1) PURPOSE

INSTALLATION ACCESS

SECURITY CLEARANCE

PMO FAP SCREENING

WEAPONS REGISTRATION

OTHER _____

(2) APPLICANT (*is required)

NAME (LAST, FIRST, MIDDLE) *		FULL SSN *		GRADE	MOS
ORGANIZATION (BRANCH/UNIT/COMPANY) OR		CIVILIAN EMPLOYER (EX: MCCS/AAFES/CDC ETC.) OR		FULL ADDRESS	
DATE OF BIRTH (DD/MM/YY) *	PLACE OF BIRTH *	CITIZENSHIP *		SEX *	
RACE *	SECURITY CLEARANCE	COMPLETED BY		DATE ADJUDICATED	

(3) REQUESTER (Signature must be an individual on the Authorization List provided by Unit CO to PMO Admin)

NAME OF RECORD REQUESTOR (LAST, FIRST, MI): _____ RANK: _____ CONTACT#: _____

SIGNATURE OF RECORD REQUESTOR (PHYSICAL SIGNATURE REQUIRED): _____ DATE: _____

*****STOP (PRINT, SIGN ABOVE, AND RETURN TO PMO ADMINISTRATION OFFICE (BLDG 608, 2ND FLOOR)**

RECORDS CHECK REVEALED (FOR PMO ADMINISTRATION ONLY):

PMO RECORDS ☐ CLEAR ☐ FOLLOWING RECORDS

CID RECORDS ☐ CLEAR ☐ FOLLOWING RECORDS ☐ N/A

NCIC RECORDS ☐ CLEAR ☐ FOLLOWING RECORDS ☐ N/A

COMMENTS :

FOR ANY QUESTIONS CONCERNING THIS RECORD CHECK, PLEASE CONTACT PMO ADMINISTRATION AT 253-3278 OR 253-4386.

CHECKED BY (PRINT): _____

VOID IF MISSING PMO SEAL

SIGNATURE: _____

DATE: _____

RECEIVED BY (PRINT): _____

SIGNATURE: _____

DATE: _____