

# Contractor Background Investigations Standard Operating Procedures

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## **A. Background investigation requirements for contractors/subcontractors working for 180 days or more.**

- 1. Introduction.** To be eligible to work under a service contract at a Western site for a period of 180 consecutive days or more, all contract and subcontract employees must undergo a full background investigation at the appropriate level (low, moderate, high), as determined by Western in its sole discretion, based on the position risk.

**The Contracting Officer (CO) or Contracting Officer's Representative (COR) will ensure that the contractor/subcontractor completes the background check process through the web based system called the Electronic Questionnaire Investigative Process (eQIP). This must be completed prior to the contract/subcontract employee being granted access to Western facilities or performing work for Western. Failure to comply will result in the contract/subcontract employee not being granted access.**

- 2. Process.** The contractor/subcontractor will be required to submit all background check paperwork through the web based system eQIP (electronic questionnaires for investigations processing). The CO or the COR, at his/her sole discretion, will determine the level (low, moderate, or high) of investigation to be conducted based on the sensitivity of the work to be performed and the sensitivity of the facility upon or in which the work is to be performed. Upon receipt, the CO or COR will submit the following information to the Corporate Services Office (CSO) Office, Security and Emergency Management (OSEM), Personnel Security Officer so they can initiate the contractor/subcontractor information may be entered into the eQIP system.

Attachment 1, Background Check Instructions for Contractor Personnel, must be completely and legibly completed by the CO or the COR and be submitted to the CSO OSEM Personnel Security Officer no later than 14 days prior to the contractor's reporting date. The form requires the following information to be provided.

Full Legal Name (first, middle, last)  
Date of Birth (month, date, year)  
Place of Birth (city and state)  
Social Security Number

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Contractor's Job Title  
Contractor's e-mail address  
PO/Contract Number  
Contract Company's Name  
Region contractor will be working  
Level of Background Investigation Required (low, moderate, high)

### **3. Levels of Investigations and Requirements.**

**Low Risk Positions.** Low risk positions may require limited access to business sensitive information on an occasional basis, such as personnel information; limited access to databases and systems; financial information/records; and privacy information, or with limited access to non-critical facilities during and outside normal working hours. These positions have the potential for limited impact on the integrity and efficiency of the agency. The CO or COR will ensure that the contractor/subcontractor has completed the eQIP process and that the contractor/subcontractor has been granted the appropriate clearance before granting access to Western's facilities.

Employees in designated low risk positions expected to work on-site are required to undergo a National Agency Check and Inquiries (NACI) investigation. The scope of the investigation includes the following:

- 1) Employment/Self-employment/Unemployment Coverage (5 year Inquiry);
- 2) Education (5 years highest degree-Inquiry);
- 3) Residence (3 years-Inquiry);
- 4) Reference Contacts (Inquiry);
- 5) Law Enforcement Checks (5 years-Inquiry); and
- 6) National Agency Checks to include, access to previous Federal investigations of OPM's Security/Suitability Investigations Index (SII); Defense Clearance and Investigations Index (DCII); FBI name check; FBI National Criminal History Fingerprint Check; Credit Search of National Credit Bureaus, Military Personnel Record Search; and Citizenship Verification.
- 7) If the contractor is not required to obtain a HSPD-12 badge or is unable to get electronic fingerprints they must submit two (2) FD-258 Fingerprint Cards. If the contractor is required to obtain the

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HSPD-12 badge then the fingerprints will be taken electronically (reference section F Badging HSPD-12 Requirements).

**Moderate Risk Positions.** Moderate risk positions may require access to business sensitive information on a regular basis, such as: detailed personnel information; administrative access to databases and systems; operational information; financial information and records, and privacy information, or with access to non-critical facilities during and outside normal working hours. The CO or COR will ensure that the contractor/subcontractor completes the eQIP process before granting access to Western's facilities.

Employees in designated moderate risk positions expected to work on-site are required to undergo a Minimum Background Investigation (MBI). The scope of the investigation includes the following:

- 1) Personal Subject Interview;
- 2) Employment/Self-employment/Unemployment Coverage (5 years-Inquiry);
- 3) Education (5 years, Highest Degree-Inquiry);
- 4) Residence (3 years-Inquiry);
- 5) Reference Contacts (Inquiry);
- 6) Law Enforcement Checks (5 years-Inquiry and/or Record); and
- 7) National Agency Checks to include access to previous Federal investigations of OPM's Security/Suitability Investigations Index (SII); Defense Clearance and Investigations Index (DCII); FBI name check; FBI National Criminal History Fingerprint Check; Credit Search of National Credit Bureaus, Military Personnel Record Search; and Citizenship Verification.
- 8) If the contractor is not required to obtain a HSPD-12 badge or is unable to get electronic fingerprints they must submit two (2) FD-258 Fingerprint Cards. If the contractor is required to obtain he HSPD-12 badge then the fingerprints will be taken electronically (reference section F Badging HSPD-12 Requirements).

**High Risk Positions.** High Risk Positions may require access and control of business sensitive information on a daily basis, such as: detailed financial records/systems, security guard, budget information, accounting information, legal information, detailed personnel information, administrative access to databases, systems and networks; operational information; and privacy information, or with access to critical facilities during and outside normal working

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hours. The CO or COR will ensure that the contractor/subcontractor completes the eQIP process before granting access to Western's facilities.

Employees in designated high risk position expected to work on-site are required to undergo a Background Investigation (BI). The scope of the investigation includes the following:

- 1) Personal Subject Interview;
- 2) Employment/Self-employment/Unemployment coverage (5 years);
- 3) Education (2 years/verification of degree);
- 4) Residence (3 years);
- 5) Reference Contacts;
- 6) Law Enforcement Checks (5 years); and
- 7) National Agency Checks to include access to previous Federal investigations of OPM's Security/Suitability Investigations Index (SII); Defense Clearance and Investigations Index (DCII); FBI name check; FBI National Criminal History Fingerprint Check; Credit Search of National Credit Bureaus, Military Personnel Record Search; and Citizenship Verification.
- 8) If the contractor is not required to obtain a HSPD-12 badge or is unable to get electronic fingerprints they must submit two (2) FD-258 Fingerprint Cards. If the contractor is required to obtain he HSPD-12 badge then the fingerprints will be taken electronically. (reference Section F Badging HSPD-12 Requirements).

### **B. Contractors working less than 180 days (Non Critical Infrastructure Program (CIP) Sites and Identified CIP Sites).**

- 1. Identified CIP Sites-** If the contract/subcontract employee is working less than 180 days and requires access to an identified CIP Site the CO, COR must submit hard copy fingerprints to the CSO OSEM Personnel Security Officer to perform a criminal history check. Forms required: Two (2) FD-258 Fingerprint Cards to your CO/COR who will forward them to the CSO OSEM Personnel Security Officer for processing
- 2. Non CIP Sites-** If the contract/subcontract employee is working less than 180 days at a non identified CIP site then the CO, COR, and the CSO OSEM Personnel Security Officer at their discretion may require a Special Agreement Check (SAC). Attachment 2, Form 86 C, must be completed and provided to the CSO OSEM Personnel Security Officer.

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## **C. Reinvestigation Requirements**

Contract/subcontract employee/s may be subject to reinvestigations as follows:

1. If a contract/subcontract employee is placed in a higher risk position than what they were originally placed (i.e. they were an entry level clerk and then later placed in system administrator positions in IT), the employee shall be required to undergo the appropriate level background investigation required for the designated risk level of the new position.
2. If a contract/subcontract employee is working at an identified CIP site or with CIP information they are required to undergo a criminal history check (fingerprint check) every 7 years. (*\*\*CIP Requirement- In accordance with standards established by the North American Electric Reliability Corporation (NERC), Critical Infrastructure Protection CIP-004-4a, as it pertains specifically to personnel having authorized cyber or authorized unescorted physical access, including contractors and service vendors, Western Area Power Administration (Western) requires a identity verification and criminal checks every 7 years after the initial background investigation is completed.*)
3. If a contract/subcontract employee leaves contract employment and has a 3 day break in service and returns as a contractor they must undergo another investigation.

## **D. Unfavorable Adjudications.**

Western's adjudicators will make a suitability determination by considering a number of factors identified by the U.S. Office of Personnel Management (OPM) during the background check process. Factors include issues related to: intoxicants, drug use, financial responsibility, criminal and immoral conduct, dishonesty, disruptive and/or violent behavior, employment misconduct/negligence, firearms and weapons, and other miscellaneous factors.

In addition to the factors identified above, adjudicators will also consider the nature of the position the contract/subcontract employee is placed in; the nature and seriousness of the conduct; the circumstances surrounding the conduct; the recency of the conduct; the age of the person at the time of the

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conduct; contributing societal conditions; and the absence or presence of rehabilitation or efforts toward rehabilitation.

Western's adjudicator at the CSO OSEM will notify the CO of any suitability issues.

## **E. General Information.**

Background investigation material will only be released to an authorized individual or entity in accordance with Federal law. When the background investigation documents are no longer required they shall be destroyed by shredding.

Failure of the contractor or subcontractor to comply with the requirements set forth in this SOP may result in the denial of access to Western facilities.

## **F. Badging (HSPD-12) Requirements**

Contract/subcontract employees expected to work 180 consecutive days or more are required to obtain a HSPD-12 badge. The CO or COR must provide the completed form to the local security office so they can sponsor the contract/subcontract employee in the badging system that allows the contract/subcontract employee to enroll for the badge.

The contract/subcontract employee must be enrolled in the badging system prior to them being granted access to Western facilities. The CSO OSEM Personnel Security Officer will provide badging instructions via e-mail to the contractor to complete the process. The enrollment includes the contractor making an appointment at the nearest badging station to take a photo, fingerprints, and must provide two forms of legal identification for identity verification. **The contract/subcontract employee must go through the enrollment process prior to being granted access to Western's facilities or information. Failure to comply with this requirement will result in the contract/subcontract employee not being granted access.**

## **G. Non US Citizens**

Refer to the Foreign National-Non U.S. Citizen clause. All Foreign Nationals (Non U.S. Citizens) regardless of the amount of time they will be visiting or

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working at a Western facility must be entered into the Foreign Access Central Tracking System (FACTS). FACTS is the official DOE system for monitoring, tracking and approving all foreign visits and assignments to DOE facilities.

Form Requirements: The CO or COR must submit a completed Attachment 3, WAPA Form 3000.72, Foreign National Data Card, to the CSO OSEM Personnel Security Officer who will coordinate with the local regional security office. The form requests the following information:

1. Personal information including date of birth, place of birth, place of employment, and permanent address.
2. Passport, Visa, and Immigration and Naturalization Services information.
3. Detailed explanation of the purpose for the visit or assignment.
4. The completed form must be submitted to the local security office for processing. The security office will advise the CO and/or the COR of the approval or denial of the Foreign Nationals request to visit or work at a Western facility.

### **H. Requirements (Regulations, Policies, DOE Orders, WAPA Orders):**

**a. Critical Infrastructure Protection (CIP):** Standard CIP-004-4a, Cyber Security-Personnel & Training, R3, subsections R3.1 - R3.3, with language taken directly from the NERC Website, reads as follows:

**R3.** Personnel Risk Assessment - The Responsible Entity shall have a documented personnel risk assessment program, in accordance with federal, state, provincial, and local laws, and subject to existing collective bargaining unit agreements, for personnel having authorized cyber or authorized unescorted physical access to Critical Cyber Assets. A personnel risk assessment shall be conducted pursuant to that program prior to such personnel being granted such access except in specified circumstances except in specified circumstances such as an emergency. The personnel risk assessment program shall at a minimum include:

**R3.1.** The Responsible Entity shall ensure that each assessment conducted include, at least, identity verification (e.g., Social Security Number verification in the U S) and seven year criminal check. The Responsible Entity may conduct more detailed

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reviews, as permitted by law and subject to existing collective bargaining unit agreements, depending upon the criticality of the position.

**R3.2.** The Responsible Entity shall update each personnel risk assessment at least every seven years after the initial personnel risk assessment or for cause.

**R3.3.** The Responsible Entity shall document the results of personnel risk assessments of its personnel having authorized cyber or authorized unescorted physical access to Critical Cyber Assets, and that personnel risk assessments of contractor and service vendor personnel with such access are conducted pursuant to Standard CIP-004-4.

## **I. General Requirements**

The performance of this contract requires that employees of the Contractor have physical access to Western owned or leased facilities. The Contractor understands and agrees that Western has a prescribed process with which the Contractor and its employees must comply in order to receive a security badge that allows such physical access. This process includes, but is not limited to an FBI fingerprint check and other background checks and investigations as required by Western. The Contractor further understands that it must propose employee's whose background offers the best prospect of obtaining a security badge approval for access, considering the following criteria, which include but are not limited to, and may vary depending on access requirements:

1. is, or is suspected of being, a terrorist;
2. is the subject of an outstanding warrant;
3. has deliberately omitted, concealed, or falsified relevant and material facts from any Questionnaire for National Security Positions (SF-86), Questionnaire for Non-Sensitive Positions (SF-85), or similar form;
4. has presented false or forged identity source documents;
5. has been barred from employment;
6. is currently awaiting a hearing or trial or has been convicted of a crime punishable by imprisonment of six (6) months or longer; or
7. is awaiting or serving a form of pre-prosecution probation, suspended or deferred sentencing, probation or parole in

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conjunction with an arrest or criminal charges against the individual for a crime that is punishable by imprisonment of six (6) months or longer.

The Contractor shall assure:

1. In initiating the process for gaining physical access,
  - (i) compliance with procedures established by Western in providing its employee(s) with any forms directed by Western,
  - (ii) that the employee properly completes any forms, and
  - (iii) that the employee(s) submits the forms to the person designated by the Contracting Officer.
2. In completing the process for gaining physical access, that its employee,
  - i) cooperates with Western officials responsible for granting access to Western owned or leased facilities and
  - (ii) provides additional information, requested by those Western officials.

The Contractor understands and agrees that Western may unilaterally and at its own discretion find a contract employee unsuitable for employment with Western based on an unfavorable background investigation thus denying a security badge to a contract employee. The unfavorable background investigation and denial of a security badge to individual contract employees by Western shall not be cause for extension of the period of performance of a Contract or any contractor claim against Western.

The Contractor shall return to the Contracting Officer or designee the badge(s) or other credential(s) provided by Western pursuant to this SOP, granting physical access to Western owned or leased facilities by the Contractors employee(s), upon:

1. the termination of this Contract;
2. the expiration of this Contract;
3. the termination of employment on this Contract by an individual employee; or
4. demand by Western for return of the badge.

**WESTERN AREA POWER ADMINISTRATION  
BACKGROUND CHECK INSTRUCTIONS FOR CONTRACTOR PERSONNEL**

The performance of this contract requires that employees of the contractor must comply with the requirements of undergoing an appropriate background investigation in order to gain access to Western (physical and/or logical access). Western contractors must complete the background check and badging requirements prior to coming on board with Western. All new Contractor Employees are required to complete the information as required and submit to Western Area Power Administration **no later than 14 days prior** to the new employee's reporting date. See the instructions on page 2 for more additional information. **If the background check paperwork and the badge enrollment are not completed the contractor will not be able to start work. This information must be complete and legible or the contractor will not be processed. Submit the completed form to the Corporate Service Office (CSO) Office of Security and Emergency Management (OSEM) via e-mail to [pgarcia@wapa.gov](mailto:pgarcia@wapa.gov) and [Gatsiopoulos@wapa.gov](mailto:Gatsiopoulos@wapa.gov)**

**Section A: To be completed by Contract Employee:**

1. LAST NAME:	2. FIRST NAME:	3. MIDDLE NAME:
4. DATE OF BIRTH:	5. PLACE OF BIRTH (City/State):	6. SOCIAL SECURITY NUMBER:
7. EMPLOYEE'S E-MAIL ADDRESS:		

\*Full name of employee (middle name included, if no middle name please indicate "NMI")

**Section B: To be completed by Contract Lead:**

8. CONTRACTOR'S COMPANY NAME:	
9. EMPLOYEE'S POSITION TITLE:	10. LOCATION EMPLOYEE WILL BE WORKING (REGION IF POSSIBLE):

**Section C: To be completed by Western Area Power Administration:**

11. CONTRACTING OFFICER REPRESENTATIVE'S NAME, PHONE NUMBER AND E-MAIL ADDRESS:		
12. LEVEL OF BACKGROUND INVESTIGATION REQUESTED – MARK ONE:		
LOW _____	MODERATE _____	HIGH _____
13. CONTRACT EMPLOYEE REQUIRES GOVERNMENT ISSUED BADGE (WORKING 180 DAYS OR MORE REQUIRED)		
YES _____	NO _____	

Privacy Notice: 42 U.S.C. 7101, 50 U.S.C 2401 and Public Law 93-579 permit collection of the data requested on this form. The information is used to determine suitability for the issuance of a DOE security badge as well as suitability to work on a Government facility. The information will be used to identity proof and register Applicants as part of the Personal Identity Verification process. Providing this information is voluntary; however, failure to submit this information may result in denial of employment serving as a Government Contractor.

**SPECIAL AGREEMENT CHECKS (SAC)  
U.S. DEPARTMENT OF ENERGY  
WESTERN AREA POWER ADMINISTRATION**

OFI FORM 86C  
JULY 2002

U.S. OFFICE OF PERSONNEL MANAGEMENT  
INVESTIGATIONS SERVICE

Agency Agreement Number	<b>02-01</b>	OPM USE ONLY	OPM Codes	Case Number
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**AGENCY USE ONLY (COMPLETE ITEMS 1 THROUGH 14 USING INSTRUCTIONS FROM THE BACK)**

<b>1 SUBJECT'S FULL NAME</b>				<b>2 DATE OF BIRTH</b>		
Last Name	First Name	Middle Name	Abbrev.	Month	Day	Year

<b>3 PLACE OF BIRTH</b> •Use the two letter code for the State.				<b>4 SOCIAL SECURITY NUMBER</b>		
City	County	State	Country (if not the United States)	-	-	-

<b>5 OTHER NAMES USED AND DATES WHEN USED</b>					
Name	Month/Year	Month/Year	Name	Month/Year	Month/Year
	To			To	
Name	Month/Year	Month/Year	Name	Month/Year	Month/Year
	To			To	

<b>6 SEX</b> (Mark one box) <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>7 SPECIAL AGREEMENT CODES</b> X	<b>8 POSITION TITLE</b>
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<b>9 SON</b>   DN20	<b>10 SOI</b>   D   N   2   0	<b>11 OPAC ALC NUMBER</b>   89-001602	<b>12 ACCOUNTING DATA</b> DEA165-00WA13836
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**13 OTHER INFORMATION REQUIRED BY AGREEMENT**

Please send results of the check to:

Pam Garcia  
Western Area Power Administration  
Security Officer  
720-962-7297 (both serve as phone and fax number)

<b>14 Requesting Official Name and Title</b>	Signature	Telephone Number (including area code)	Date

### INSTRUCTIONS FOR COMPLETING OFI FORM 86C

**GENERAL:** Agencies use this form to request limited investigation, or checks, on persons in positions for which there is a special agreement with OPM that permits and specifies alternative procedures to meet investigative requirements. Complete all items on this form according to your agreement with OPM and using information obtained from the person to be checked or from documents provided by the person. **THIS FORM MUST BE TYPED.** Submit this form and any other documentation specified in the written agreement to:

**OPM-FIPC  
ATTN: SAC PROCESSING  
P.O. BOX 618  
BOYERS, PA 16018**

### INSTRUCTIONS FOR SPECIFIC ITEMS

ITEM	INSTRUCTION																																																																																																																								
1	The subject's <u>full</u> name must be given. If the subject is a "Jr.", "Sr.", "III", etc., enter the abbreviation in the box after the middle name. If the subject has initials only, enter each initial in the appropriate box. If the subject has no middle name, enter "NMN".																																																																																																																								
2	Provide the month, day, and year of subject's birth. Example: Enter June 7, 1942 as: 06/07/42.																																																																																																																								
3	<p>Subject's place of birth: Enter full name of city/town under CITY. Under COUNTY, give county if born in U.S. Using the Coding shown below, provide abbreviation for State if born in the U.S. or its territories. Provide country of birth under COUNTRY only if not born in the United States.</p> <p style="text-align: center;"><b>CODING FOR STATES, DISTRICT OF COLUMBIA, AND U.S. TERRITORIES (ITEM 3)</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Alabama</td><td>AL</td><td>Hawaii</td><td>HI</td><td>Massachusetts</td><td>MA</td><td>New Mexico</td><td>NM</td><td>South Dakota</td><td>SD</td> </tr> <tr> <td>Alaska</td><td>AK</td><td>Idaho</td><td>ID</td><td>Michigan</td><td>MI</td><td>New York</td><td>NY</td><td>Tennessee</td><td>TN</td> </tr> <tr> <td>Arizona</td><td>AZ</td><td>Illinois</td><td>IL</td><td>Minnesota</td><td>MN</td><td>North Carolina</td><td>NC</td><td>Texas</td><td>TX</td> </tr> <tr> <td>Arkansas</td><td>AR</td><td>Indiana</td><td>IN</td><td>Mississippi</td><td>MS</td><td>North Dakota</td><td>ND</td><td>Utah</td><td>UT</td> </tr> <tr> <td>California</td><td>CA</td><td>Iowa</td><td>IA</td><td>Missouri</td><td>MO</td><td>Ohio</td><td>OH</td><td>Vermont</td><td>VT</td> </tr> <tr> <td>Colorado</td><td>CO</td><td>Kansas</td><td>KS</td><td>Montana</td><td>MT</td><td>Oklahoma</td><td>OK</td><td>Virginia</td><td>VA</td> </tr> <tr> <td>Connecticut</td><td>CT</td><td>Kentucky</td><td>KY</td><td>Nebraska</td><td>NE</td><td>Oregon</td><td>OR</td><td>Washington</td><td>WA</td> </tr> <tr> <td>Delaware</td><td>DE</td><td>Louisiana</td><td>LA</td><td>Nevada</td><td>NV</td><td>Pennsylvania</td><td>PA</td><td>West Virginia</td><td>WV</td> </tr> <tr> <td>Florida</td><td>FL</td><td>Maine</td><td>ME</td><td>New Hampshire</td><td>NH</td><td>Rhode Island</td><td>RI</td><td>Wisconsin</td><td>WI</td> </tr> <tr> <td>Georgia</td><td>GA</td><td>Maryland</td><td>MD</td><td>New Jersey</td><td>NJ</td><td>South Carolina</td><td>SC</td><td>Wyoming</td><td>WY</td> </tr> <tr> <td>American Samoa</td><td>AS</td><td>District of Columbia</td><td>DC</td><td>Guam</td><td>GU</td><td>Northern Mariana Island</td><td>CM</td><td></td><td></td> </tr> <tr> <td>Puerto Rico</td><td>PR</td><td>Trust Territory</td><td>TT</td><td>Virgin Islands</td><td>VI</td><td></td><td></td><td></td><td></td> </tr> </table>	Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD	Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN	Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX	Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT	California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT	Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA	Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA	Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV	Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI	Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY	American Samoa	AS	District of Columbia	DC	Guam	GU	Northern Mariana Island	CM			Puerto Rico	PR	Trust Territory	TT	Virgin Islands	VI				
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4	Provide the subject's Social Security Number.																																																																																																																								
5	To the extent information is available, list all other names the subject was known by or is now using. If the subject is female, and is or was married, include maiden name, and other married names if married more than once. Provide beginning and ending dates for use of each name. Identify maiden name with "NEE".																																																																																																																								
6	Check the appropriate box to specify sex as MALE or FEMALE.																																																																																																																								
7	The Special Agreement code for this written agreement has been preprinted.																																																																																																																								
8	Give subject's position title.																																																																																																																								
9	Your Submitting Office Number (SON) has been preprinted.																																																																																																																								
10	Your Security Office Identifier (SOI) has been preprinted.																																																																																																																								
11	Enter your agency's ALC (Agency Location Code) assigned by Treasury for use in the OPAC (On-line Payment And Collection) billing system (formerly SIBAC).																																																																																																																								
12	You may enter your agency data for internal use. Up to 25 characters may be entered in this block. (The information you enter will be printed on documents used to close the case to your agency.) If your agency does not need this information, leave the block blank.																																																																																																																								
13	Provide any other information required by the agreement with OPM. The format and content of the data must be exactly as specified in the agreement.																																																																																																																								
14	Type the requestors Name, Title, Phone Number, and Date. Form must be signed.																																																																																																																								

**INSTRUCTIONS FOR PREPARING Foreign National Data Card for Unclassified Foreign Visits and Assignments to WAPA (WAPA F 3000-72#- 03-06)**

**Routing of Form:**

- 1. Requestor- Meeting host initiates the form at least 30-45 days before planned visit
- 2. IT/Cyber Security Approval with any computer access
- 3. Regional Manager (or Acting Official) for approval signature
- 4. Original to Regional Safety and Security Office (The Safety and Security office reviews and sends to CSO-Security Office)
- 5. CSO Security (Conducts required inquiries with DOE)
- 6. Approval sent to Regional Safety and Security Officer
- 7. Regional Safety and Security Officer notifies host and front desk personnel of approval/denial

**To allow time for background checks, this form must be completed at least 30 days for non-sensitive countries visitors, and 45 days for visitors from sensitive countries.**

**For more information and a list of sensitive countries go to:**

**<http://www.cso.wapa.gov/cpo/3700/SECURITY/fva.htm>**

(Failure to complete this approval process may result in denial of visit.)

**Section A – PERSONAL DATA INFORMATION**

- BLOCK 1. Employee name: Last name; first name, middle name
- BLOCK 2. Select Male or Female: Place a check mark in the appropriate box
- BLOCK 3. Country of Birth: Spell out. No abbreviations
- BLOCK 4. City of Birth: Spell out. No abbreviations
- BLOCK 5. Home Address: Self-explanatory
- BLOCK 6. Date of Birth: Month/Day/Year
- BLOCK 7. Social Security Number: Self-explanatory
- BLOCK 8. Country of Citizenship: Spell out. No abbreviations
- BLOCK 9. Passport/Visa/Immigration Number: One must be supplied
- BLOCK 10. Country of Issue of Passport/Visa/Immigration Number
- BLOCK 11. Expiration Date: of above issued document Month/Day/Year

**Section B – EMPLOYMENT DATA**

- BLOCK 12. Current Employer/Business Name: Self-explanatory
- BLOCK 13. Business Address: Self-explanatory
- BLOCK 14. Business Phone: Self-explanatory

**Section C – COMPUTER ACCESS & NETWORK CONNECTIVITY**

- BLOCK 15. Do you have computer need: Answer yes or no
- BLOCK 16. Are you bringing a computer on site: Yes or no
- BLOCK 17. Do you need access to WAPA's Information Systems: Yes or no
- BLOCK 18. Will you need to install software application to perform presentation(s) : Yes or no
- BLOCK 19. Do you require internet access: Yes or no
- BLOCK 20. Will the visitor/assignee have external devices (flash drive, removable drive, cd's, disk, others) : Yes or no

**Section D – VISIT DATA INFORMATION**

- BLOCK 21. Buildings/Sites/Areas to be Visited: Be specific (note: Must be escorted by host at all times)
- BLOCK 22. Request Date: Date host is submitting this request for approval
- BLOCK 23. Name and Signature of DOE Host: Must be a supervisor
- BLOCK 24. Contact # - Host's #
- BLOCK 25. Is the host a U.S. Citizen: Yes/No
- BLOCK 26. Purpose of Visit: State clear purpose/be very specific
- BLOCK 27. Will sensitive or OOU be discussed? Describe what?
- BLOCK 28. Start Date of Visit: Month/Day/Year
- BLOCK 29. End Date of Visit: Month/Day/Year
- BLOCK 30. Authorized SES Manager Administrator Signature: Regional Manager or SES.
- BLOCK 31. IT/Cyber Security Office Approval: IT/Cyber signature and approval w/any computer access
- BLOCK 32. Authorized Approval Signature CSO Security Office –visit not approved without this signature

**FOREIGN NATIONAL DATA CARD  
FOR UNCLASSIFIED FOREIGN VISITS AND ASSIGNMENTS  
TO WESTERN AREA POWER ADMINISTRATION**

Please print clearly

SECTION A – PERSONAL DATA		
1. Name of Visitor: (Last)	(First)	(Middle)
2. Male <input type="checkbox"/> Female <input type="checkbox"/>		
3. Country of Birth:	6. Date of Birth: / /	8. Citizenship:
4. City of Birth:	7. Social Security Number:	9. Passport/Visa/Immigration Numbers:
5. Home Address:		10. Country of Issue:
		11. Expiration Date:
SECTION B - EMPLOYMENT DATA		
12. Employer/Business Name:	13. Business Address:	
	14. Phone:	
SECTION C – COMPUTER ACCESS AND NETWORK CONNECTIVITY		
15. Do you have computer needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. Are you bringing computer on site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Do you need access to WAPA's Information System? <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Will you need to install software applications to perform presentation(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Do you require internet access? <input type="checkbox"/> Yes <input type="checkbox"/> No	20. Will the visitor/assignee have external devices (flashdrive, removable drive, cd's, disks, others) that they will be bringing on site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION D - VISIT DATA		
21. Buildings/Sites to be Visited:		
22. Request Date:	23. Name and Signature of DOE Host:	
24. Contact #:	25. Is the host a U.S. Citizen?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Purpose of Visit/Assignment (be very specific):		
27. Will sensitive or Official Use Only (OUO) information be discussed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what? (be specific)		
28. Start Date of Visit:	29. End Date of Visit:	
30. Authorized SES Manager Administrator - Signature:		Date:
31. IT/Cyber Security Office Approval - Signature:		Date:
32. Security Office Approval - Signature:		Date: