DEPARTMENT OF HOMELAND SECURITY

U.S. Coast Guard

PERSONNEL SECURITY ACTION

PART I – SUBJECT INFORMATION

(ITEMS 1 THROUGH 8 MUST BE COMPLETED FOR ALL ACTIONS)

1. Name *(Last, First, Middle)*	2. SSN	3. Pay Grade/Civ. Series & Grade	4. Rank/Rate *(Military)*

5. Position	6. Former Maiden Name/Aliases	7. Date of Birth *(YYYYMMDD)*	8. Place of Birth

PART II – LOCAL SECURITY REQUIREMENTS/CLEARANCE REAPPROVAL

9. U.S. Citizenship Verified: Yes ☐ No ☐ By whom _____

10. Local Records Check Completed: (MIL) PDR ☐ HEALTH ☐ (CIV) OPF ☐

RESULTS: Favorable ☐ Unfavorable ☐ Conducted by: _____

11. Subject has continuous service with no break greater than 24 months: Yes ☐ No ☐

12. Subject has a _____ *(type of investigation)* Completed on *(YYYYMMDD)* _____ Completed by _____

Clearance Eligibility: _____ Method of Verification: _____ Reapproved at *(level)*: _____

Reapproval Signature: _____ Date SF-312 Executed *(YYYYMMDD)*: _____

PART III – INTERIM CLEARANCE REQUEST

13. Level of INTERIM Clearance Requested: TOP SECRET ☐ SECRET ☐ SCI ☐

Reason for Request	Date Paperwork Submitted to SECCEN *(YYYYMMDD)*

PART IV – ACCESS INFORMATION (Local Use Only)

14. Subject Granted Access at (*level*): TOP SECRET ☐ SECRET ☐ CONFIDENTIAL ☐ SCI ☐

Date Access Granted *(YYYYMMDD)*	Appropriate Briefing Conducted Yes ☐ No ☐

Date Access Terminated *(YYYYMMDD)*	Reason

PART V – ACTION REQUESTED

15. Investigation Requested: SSBI ☐ SSBI-PR ☐ NACLC ☐ OTHER *(Indicate Below)* ☐

CAF Determination Requested: TOP SECRET ☐ SECRET ☐ SCI ☐

OTHER: _____

16. RECIPROCITY: ☐	Agency Granted
Date of the Subject's Prior Investigation *(YYYYMMDD)*	Date Subject Departed Previous Agency *(YYYYMMDD)*

17. RECONSIDERATION: ☐	Date Clearance was Denied *(YYYYMMDD)*:
Amplifying Information	
18. Report of Status Change: ☐	

PART VI – CONTINUOUS EVALUATION PROGRAM/REPORT OF DEROGATORY INFORMATION

19. Type of Report: INITIAL ☐ INTERIM ☐ # FINAL ☐ INITIAL & FINAL ☐	Date Access Suspended *(YYYYMMDD)* *(if applicable)*
Date of Incident *(YYYYMMDD)*	Description of Incident

Attachments *(submit all that apply)*:

CG-3307 ☐ CG-4910 ☐ Police/Civil/Medical reports ☐ Unit Memos ☐ OTHER ☐

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PART VII –ADMINISTRATION

20. Remarks/Enclosures	21. Security Manager Approval *(Required for all SSBI & SSBI-PR requests)*
	22. Requestor Information: Unit & Address Name: Date:

INSTRUCTIONS FOR COMPLETING CG-5588

1. NAME: Last name, First Name, Middle Name
2. SSN
3. PAY GRADE/CIV. SERIES & GRADE
4. MILITARY RANK/RATE (ex. CAPT, YN3, etc)
5. POSITION: Use one of the following abbreviations:

FLAG – Active Duty or Reservist O-7 & above	CONT - Contractor
A/D MIL - Military - Active Duty O-6 & below	HSWL - Health Services Work Life
SELRES - Military – Reservist O-6 & below	INTERN - Intern
SES – Senior Executive Service	CADET - Academy Cadet
CIV - Civilian (Civil Service)	OC - Officer Candidate
SLTPS - State, Local, Tribal, and Private Sector	UNK - Unknown
AUX - Auxiliary	

6. FORMER MAIDEN NAME/ALIASES: If no other names enter “None”
7. DATE OF BIRTH: Use YYYYMMDD format: Year, month and day of birth
8. PLACE OF BIRTH: Enter city & state if US born, city & country if foreign born
9. US CITIZENSHIP VERIFIED: Check YES or NO, Type name of person who verified US Citizenship
10. LOCAL RECORDS CHECK COMPLETED: Indicate which type of records were checked ((MIL)PDR, HEALTH or (CIV)OPF) and if the results were FAVORABLE or UNFAVORABLE. If there is unfavorable information, provide details in block 20 or on an attached sheet.
11. SUBJECT HAS CONTINUOUS SERVICE WITH NO BREAK GREATER THAN 24 MONTHS: Check YES or NO
12. INVESTIGATION HISTORY: use YYYYMMDD format for dates: Indicate type of current investigation, date investigation was completed, which agency completed the investigation, level of clearance eligibility (ex. SECRET), Method of verification (CGBI, Direct Access, etc), Level of Clearance reapproved at the local command, signature of person at local command reapproving access, and Date SF312 was executed.
13. LEVEL OF INTERIM CLEARANCE REQUESTED: use YYYYMMDD format for dates: Check TOP SECRET or SECRET, Indicate reason for request and date Personnel Security Investigation paperwork was submitted to SECCEN.
14. SUBJECT GRANTED ACCESS AT (LEVEL): use YYYYMMDD format for dates: Check TOP SECRET, SECRET, CONFIDENTIAL OR SCI, List the date access was granted, if an appropriate security briefing was conducted (Check YES or NO), date access was terminated, and reason for termination (ex. PCS).
15. INVESTIGATION REQUESTED: Check SSBI, SSBI-PR, NACLC, or OTHER and indicate CAF determination requested (Check TOP SECRET, SECRET, or SCI). If ‘OTHER’ was checked under *Investigation Requested*, list type of investigation (ex: MBI, ANACI).
16. RECIPROCITY: use YYYYMMDD format for date: Check block if requesting Reciprocity, List the agency that granted prior clearance, the date of the subject’s prior investigation, and the date the subject departed their previous agency
17. RECONSIDERATION: use YYYYMMDD format for date: Check block if requesting Reconsideration, list date the subject’s clearance was previously denied, provide amplifying information (ex. Member is now a US Citizen/command endorsement attached, etc).
18. REPORT OF STATUS CHANGE: To be used for changes such as name or type of employee.
19. CEP/DEROG REPORTS: use YYYYMMDD format for dates: Check block to indicate which report is being submitted (INITIAL, INTERIM (include # if it is the 1st, 2nd, 3rd , etc. Interim report), FINAL, OR INITIAL & FINAL (use when it is the initial report and no follow-up reports are required). Indicate the date of the incident, a description of the incident, Date Access was suspended (if applicable) and check all attachments that are included as part of the CEP/DEROG report.
20. REMARKS/ENCLOSURES: Use this space to provide information not listed elsewhere on this form, justification for expedited requests, or amplifying information for any of the items listed above.
21. SECURITY MANAGER APPROVAL: required for all SSBI/SSBI-PR requests.
22. REQUESTOR INFORMATION: Provide unit name, complete mailing address, name of person completing this form and date form was completed.

Privacy Act Statement

Authority: Executive Order 10450; Executive Order 12968; and 5 C.F.R. Parts 731, 732, and 736.

Purpose: To request background investigations for determining suitability for employment, or for assignment to or retention in a CG position, to determine eligibility for access to classified information, and to investigate reported incidents, as part of continuous evaluation of eligibility.

Routine Use: The CG will use this information to conduct personnel security actions and may disclose this information to other U.S. Government agencies or authorized officials in accordance with the routine uses found at 75 Fed. Reg. 8088 (February 23, 2010).

Disclosure: Disclosure of information is voluntary; however, failure to furnish the information requested may delay your investigation or you may be denied access to national security information necessary for the performance of your duties.

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