

TASS REGISTRATION REQUEST (TRR)

Section I: Applicant Data

This form is being submitted for (select only one) -----> Initial Issuance: 6 Month Reverification: Reissuance:

Last Name: _____ First Name: _____ Middle Name: _____ Cadency Name: _____

SSN or FIN: _____ Date of Birth: _____ E-mail Address: _____
(mm/dd/yyyy)

Personnel Category (Select/Input category) -----> _____

Card Expiration Date: _____ (Include option years. Date not to exceed 3 years or the Contract End Date)
(mm/dd/yyyy)

Contract Number: _____ Contract End Date: _____
(Contractors Only) (Contractors Only) (mm/dd/yyyy)

AUTHORITY: 10 U.S.C. 133 and E.O. 9397

Privacy Act Statement

PRINCIPAL PURPOSE(S): Collection of social security numbers and other personal identifiers is used to ensure positive identification of individuals in order to successfully register them as TASS applicants.

ROUTINE USERS: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use as follows: The "Blanket Routine Uses" set forth at the beginning of OSD's compilation of systems of records notices apply to this system. The Federal, State agencies and private entities, as necessary, on matters relating to securing information during the conduct of official business, utilization review, professional quality assurance, program integrity, civil and criminal litigation, and access to Federal government facilities, computer systems networks, and controlled areas.

DISCLOSURE: Voluntary, however, failure to provide this information will result in failure to register an individual as a TASS applicant.

Section II: Eligibility Requirements (Select Only One Option)

- The Applicant requires access to both a DoD facility and logon access to a DoD network. Network Name = _____
- The Applicant will be required to travel to a foreign country as a 'regular' requirement of their job. Name of Foreign Country = _____
- The Applicant requires access to 2 or more DoD facilities, on behalf of the DoD, on a recurring basis for a period of 6 months or more.
*(NOT applicable to Contractors assigned to CONUS, Hawaii and Joint Region Marianas facilities that use NCACS for base access control).
- The Applicant requires remote access to a DoD network that use only the CAC logon for user authentication. Network Name = _____
*(NOT applicable to Contractors assigned to CONUS, Hawaii and Joint Region Marianas facilities that use NCACS for base access control).
- The Applicant is a Volunteer who requires frequent access to a DoD network (Applicable to Volunteers only). Network Name = _____

Section III: Background Vetting (Select Only One Option)

CAC Issuance - Contractors & other eligible Personnel

- The Applicant possesses a valid National Agency Check with Inquiries (NACI).
- The Applicant possesses a DoD-determined NACI equivalent investigation: { Select/Input NACI equivalent investigation here } ----> _____
- A NACI, or DoD-determined NACI equivalent, investigation has been submitted to OPM 'and' an FBI fingerprint check has returned with favorable results.

VOLAC Issuance - Volunteer Personnel

- The Applicant possesses a valid National Agency Check (NAC) or higher background investigation.
- A NAC, or higher investigation, has been submitted to OPM 'and' an FBI fingerprint check has returned with favorable results.

Validating authority information for the above background vetting information must be provided or TA will not process this request.

Phone #: _____ Email Address: _____ Date: (mm/dd/yyyy) _____ Digital Signature of Individual validating background vetting

Section IV: Sponsor Responsibilities *This is the Government Employee authorizing the issuance of a credential*

I AGREE, if there is a change in the Applicant's eligibility to retain the credential I am authorizing, I will notify the TA of the change in status so he/she may terminate the record in TASS or arrange a transfer of the TASS record to another TA. If the Applicant is no longer eligible to retain the credential I will confiscate it and turn it in at a RAPIDS ID card office for disposition.

Sponsor's information must be provided or TA will not process this request.

Sponsor's Phone #: _____ Sponsor's Email: _____ Date: (mm/dd/yyyy) _____ Digital Signature of Government Sponsor