



Initiation for e-QIP

Application Instructions: Fill out the 'Subject Information' section of this form and submit to the appropriate authority.
 Submit Instructions: Verify accuracy and submit via encrypted e-mail to your trusted agent or security manager.

Subject Information					
State Employee		Contractor		Army	
Other					
SSN:		Date of Birth: (mm/dd/yyyy)			
Rank/Prefix:		Last name:	First Name		Middle Name:
		Suffix:			
Middle Initial Only			No Middle Name		
Country of Birth:		State of Birth:		City of Birth:	
US Citizen:		Documentation:		No.	
Primary E-Mail: (Preferred)					
Secondary E-mail:					
Primary Phone:		Cell Phone		Home	Work
Secondary Phone:		Cell Phone		Home	Work
UIC:		Unit Name:			
Branch:		MOS:			
Expedite: (Memorandum)		Expiration date on current clearance? (JPASS)			
Subject currently holds?		Secret Initial	Top Secret Re-Investigation		None Background Check
Subject's reason for a clearance?		MOS Public Trust	Branch Job Requirement		NAF None

Submission Official for Employee Information

Rank/Prefix:		First Name:		Last Name:		Title:	
E-Mail Address: monica.l.hollingshead.nfg@mail.mil		Phone:		Cell Phone		Home	Work
If you have any further questions on this form, please contact						or call	