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Description of document: Forms used by the Federal Bureau of Investigation (FBI)  
2003-2004

Release date: 29-August-2003  
Release date: 28-January-2004

Posted date: 21-March-2022

Source of document: FOIA Request  
Federal Bureau of Investigation  
Attn: Initial Processing Operations Unit  
Record/Information Dissemination Section  
200 Constitution Drive  
Winchester, VA 22602  
Fax: (540) 868-4997  
[FBI: eFOIPA](#)

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U.S. Department of Justice

Federal Bureau of Investigation

Washington, D.C. 20535

August 29, 2003

Subject: FORMS FBI

FOIPA No. 0976312- 000

Dear Requester:

The enclosed documents were reviewed under the Freedom of Information/Privacy Acts (FOIPA), Title 5, United States Code, Section 552/552a. Deletions have been made to protect information which is exempt from disclosure, with the appropriate exemptions noted on the page next to the excision. In addition, a deleted page information sheet was inserted in the file to indicate where pages were withheld entirely. The exemptions used to withhold information are marked below and explained on the enclosed Form OPCA-16a:

Section 552

☒ (b)(1)

☒ (b)(2)

☐ (b)(3) \_\_\_\_\_

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☐ (b)(4)

☐ (b)(5)

☐ (b)(6)

☐ (b)(7)(A)

☐ (b)(7)(B)

☐ (b)(7)(C)

☐ (b)(7)(D)

☒ (b)(7)(E)

☐ (b)(7)(F)

☐ (b)(8)

☐ (b)(9)

Section 552a

☐ (d)(5)

☐ (j)(2)

☐ (k)(1)

☐ (k)(2)

☐ (k)(3)

☐ (k)(4)

☐ (k)(5)

☐ (k)(6)

☐ (k)(7)

33 page(s) were reviewed and 33 page(s) are being released.

☐ Document(s) were located which originated with, or contained information concerning other Government agency(ies) [OGA]. This information has been:

☐ referred to the OGA for review and direct response to you.

☐ referred to the OGA for consultation. The FBI will correspond with you regarding this information when the consultation is finished.

☒ You have the right to appeal any denials in this release. Appeals should be directed in writing to the Co-Director, Office of Information and Privacy, U.S. Department of Justice, Flag Building, Suite 570, Washington, D.C. 20530-0001 within sixty days from receipt of this letter. The envelope and the letter should be clearly marked "Freedom of Information Appeal" or "Information Appeal." Please cite the FOIPA number assigned to your request so that it may be easily identified.



☐ The enclosed material is from the main investigative file(s) in which the subject(s) of your request was the focus of the investigation. Our search located additional references, in files relating to other individuals, or matters, which may or may not be about your subject(s). Our experience has shown, when ident, references usually contain information similar to the information processed in the main file(s). Because of our significant backlog, we have given priority to processing only the main investigative file(s). If you want the references, you must submit a separate request for them in writing, and they will be reviewed at a later date, as time and resources permit.

☐ See additional information which follows.

Sincerely yours,

A handwritten signature in black ink, appearing to read "D. Hardy", with a stylized flourish at the end.

David M. Hardy  
Section Chief,  
Record/Information  
Dissemination Section  
Records Management Division

Enclosure(s) (2)





**Federal Bureau of Investigation**

**Freedom of Information / Privacy Acts**

**Release**

**Subject: FORMS FBI**

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# Records Management Division

RMD Home | Forms Desk |

## Forms Available FD Forms

"0" Forms

"0" Forms

SF Forms

TSP Forms

Miscellaneous Forms

- **Volume I** Forms FD-001 through FD-199
- **Volume II** Forms FD-200 through FD-299
- **Volume III** Forms FD-300 through FD-399
- **Volume IV** Forms FD-400 through FD-499
- **Volume V** Forms FD-500 through FD-599
- **Volume VI** Forms FD-600 through FD-699
- **Volume VII** Forms FD-700 through FD-799
- **Volume VIII** Forms FD-800 through FD-899
- **Volume IX** Forms FD-900 through (open)
- **Volume X** Forms with varied form numbers
- **Alphabetical Index of Forms** - pdf document
- **WordPerfect 8.0 Macros** available from Pocatello

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 07-05-2003 BY 60290 2247-1E/013

## "0" Forms

FD Forms

SF Forms

- **0-4** Mail Services†
- **0-7** Routing Slip†
- **0-42** Request for Search of Civil & Criminal Files
- **0-43** Check or Bond Receipt
- **0-93** Teletype
- **0-93a** Teletype *Continued*
- **0-93b** Teletype *Continued*
- **0-004** The White House





- **0-102 File Request Form**

## **SF Forms**

### **"0" Forms**

### **TSP Forms**

Please Note: The forms below have been downloaded from the Office of Personnel Management (OPM) website or the General Services Administration (GSA) website. These non-FBI forms below will be checked periodically for revisions; however, if FBI managers over programs that use these non-FBI forms become aware of more current versions, they should contact the Forms Desk on extension  and provide revised copies of those forms.

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- **SF-8 Notice to Federal Employee About Unemployment Insurance**
- **SF-50 Notification of Personnel Action**
- **SF-52 Request for Personnel Action**
- **SF-61 Appointment Affidavits**
- **SF-75 Request for Preliminary Employment Data**
- **SF-81 Request for Space**
- **SF-86 Questionnaire for National Security Positions**
- **SF-86A Continuation form for SF-86**
- **SF-86C Certification form for SF-86**
- **SF-88 Medical Record - Report of Medical Examination**
- **SF-93 Medical Record - Report of Medical**



## **History**

- **SF-95 Claim for Damage, Injury or Death**
- **SF-120 Report of Excess Personal Property**
- **SF-120A Continuation form for SF-120**
- **SF-122 Transfer Order Excess Personal Property**
- **SF-126 Report of Personal Property For Sale**
- **SF-126A Report of Personal Property For Sale (Continuation Sheet)**
- **SF-182 Request Authorization Agreement and Certification of Training (GETA)†**
- **SF-256 Self-Identification of Handicap**
- **SF-312 Classified Information Nondisclosure Agreement**
- **SF-700 Security Container Information (Sample Only)**
- **SF-1012 Travel Voucher**
- **SF-1034 Public Voucher for Purchases and Services Other than Personal**
- **SF-1038 Advance of Funds Application and Account**



- **SF-1199A Direct Deposit Sign-up Form**
- **SF-2801 Application for Immediate Retirement Under the Civil Service Retirement System (CSRS)**
- **SF-2803 Application to Make Deposit or Redeposit (CSRS)**
- **SF-2804 Application to Make Voluntary Contributions (CSRS)**
- **SF-2808 Designation of Beneficiary (CSRS)†**
- **SF-2809 Employee Health Benefits Election Form (with instructions)†**
- **SF-2817 Life Insurance Election (FEGLI)†**
- **SF-2818 Continuation of Life Insurance Coverage (FEGLI)†**
- **SF-3102 Designation of Beneficiary (FERS)†**
- **SF-3107 Application for Immediate Retirement Federal Employees Retirement System (FERS)**

## Thrift Forms

### SF Forms

### Miscellaneous Forms

- **TSP-1 - Election Form †**
- **TSP-3 - Designation of Beneficiary †**
- **TSP-20 - Loan Application †**



- **TSP-60 - Request for a Transfer into the TSP ‡**
- **TSP-76 - Financial Hardship In-Service Withdrawal Package ‡**

## **Miscellaneous**

### **Top of Page**

- **9th House Network License Request/Usage Agreement ‡ (FBIHQ Only)**
- **Department of Labor - Form WH-380 - Certification of Health Care Provider - (Family and Medical Leave Act of 1993)**
- **Developmental Recommendations Form‡**
- **Flexible Work Option Request Form‡**
- **Form 4414 - Sensitive Compartmented Information Nondisclosure Agreement**
- **OGE Forms - Fillable and Print**
  - **OGE Form 450‡**
  - **OGE Form 450 - Confidential Financial Disclosure Report (5 pages) Print Only**
  - **OGE Form 450: A Review Guide - U.S. Government Ethics - 9/96 (68 pages)**
  - **SF-278‡**
  - **SF-278 - Public Financial Disclosure Report (18 pages) - Print Only**
  - **Conflict of Interest Certification - Print Only**
  - **\$150 Gift Donation Form - Print Only**
  - **Gift Donation Form - Print Only**
  - **Probono Legal Services - Print Only**
- **Performance Documentation Worksheet‡**



- **Probationary Agent Program For New Special Agents Training Log**

‡ - **Fillable pdf Form**

**Top of Page**



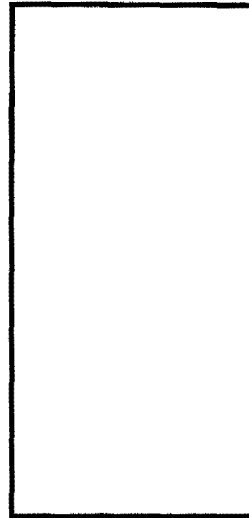
**FBI FORM BOOK  
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**VOLUME I**

- FD-4 - Routing Slip
- FD-4a - Managers' Intra-Division Routing Slip
- FD-5 - File - Serial Charge Out
- FD-10 - Disposition Request
- FD-26 - Consent to Search

ALL INFORMATION CONTAINED  
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- FD-26 1
- FD-26 2
- FD-26 4
- FD-26 4a
- FD-26 5
- FD-26 7
- FD-26 8
- FD-26 9
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- FD-26 12
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- FD-26 20
- FD-26 25
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- FD-28 - Daily Report
- FD-29 - Monthly Administrative Report
- FD-29a - Administrative Report
- FD-36 - Field Teletype
- FD-37 - Advance Blue Slip
- FD-39 - Field Firearms Training
- FD-40 - Field Firearms Training Record
- FD-56 - Stop Notice
- FD-57 - Mail Cover Index Card
- FD-65 - Fugitive Form
- FD-71 - Complaint Form
- FD-73 - Auto Record



FD-77 - Dictation Slip

FD-79 - Charge-out Record of Nonexpendable Property

FD-109 - Records Transferred of Personnel Transferred

FD-111 - Monthly Motor Vehicle Report (Cost of Operation and Accrued Mileage)

FD-120 - Notice of Tardiness

FD-123 - Request for Information Concerning Savings Bond Purchases

FD-125 - Record Request

FD-140 - Application for Employment

FD-140a - Continuation Sheet for FD-140

FD-159 - Record of Information Furnished Other Agencies

FD-160 - Indices Search Slip

FD-160a - Indices Search Slip (continuation page)

FD-164 - Nomination of Law Enforcement Officer to Attend the National Academy Program

FD-164a - Application to Attend FBI National Academy Program

FD-164b - Report of Medical Examination - FBINA Applicant

FD-165 - FBI Field Office Wanted-Flash-Cancellation Notice

FD-166 - Absence Schedule

FD-173 - Information Concerning Last Federal Employment

FD-183 - Reemployment Rights Following Military Service

FD-190 - Special Agent Interview

FD-190a - Professional, Technical, and Administrative Specialty Applicant Interview Form

FD-190b - Compilation of Applicant Background Data (SET)

FD-192 - FBI Evidence - Data Loading Form

FD-192a - Inventory of Bulky Nonevidentiary Property

FD-193 - Report of Exit Interview and Separation

FD-193a - Report of Exit and Separation Temporary Employment

FD-195 - Statement of Federal Service

FD-196 - Request for Search in National Fraudulent Check File

FD-197 - File Locate



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**VOLUME II**

- FD-204 - Investigative Report
- FD-205 - Notification of Delinquent Deadline Case
- FD-207 - Name Change and/or Change in Marital Status
- FD-207a - Notification of Birth/Adoption
- FD-208 - Report of Death of Immediate Relative
- FD-209 - Memorandum for Recording Contacts with Informants
- FD-209a - Asset Contact
- FD-211 - Record of Incoming Accountable Mail (Registered, Express, Certified)
- FD-215 - Individual Security Patrol Daily Report
- FD-215a - Combined Security Patrol Report
- FD-215b - Security Patrol Log
- FD-217 - Notification of Bureau File Number
- FD-218 - Supply Requisition
- FD-223 - Letter to Vendor Concerning Invoices
- FD-224 - Personal Data Form (Reinstatement of Serviceman)
- FD-226 - Expendable Supply Requisition (For use in LA, MP, NY, PH, and SF)
- FD-231 - Cover Letter for EOD Forms
- FD-237 - Informant Review Sheet
- (S) b1
- FD-242 - Information Concerning the Clerical and Clerical-Skilled Oriented Positions
- FD-243 - Position Description
- FD-245 1 - File Front and Back (brown border)
- FD-245a 1 - File Front and Back, Informant Files (light green)
  - FD-245a 2 - Cooperating Witness File (medium green)
  - FD-245a 3 - Asset File (dark green)
- FD-245b 1 - File Front and Back, LEGAT Office Files (blue)
- FD-245c 1 - File Front and Back, Security Files (red)

ALL INFORMATION CONTAINED  
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VOLUME II

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- FD-245d - File Front and Back, Personnel File
- FD-245d 1 (Medical Records) (white)
- FD-245d 2 - (Security Program Records) (purple)
- (orange)
- FD-249 - Arrest and Institution Fingerprint Card (white/red ink)
- FD-252 - Employee Suggestion
- FD-253 - Application/Renewal of Membership and Designation of Beneficiary (Special Agents Insurance Fund and Charles S Ross Fund)
- FD-254 - Receipt for GTR (transportation requests)
- FD-255 - Recommendation for Incentive Award
- FD-255a - Recommendation for Honorary Medal
- FD-257 - Information Concerning Special Agent Position
- FD-258 - Applicant Fingerprint Card (white/blue ink)
- FD-263 - Cover Page Accompanying Investigative Report
- FD-264 - Job Qualification Statement for Position of Electronics Technician
- FD-266 - Request for Information
- FD-268 - Laboratory Positions in the FBI
- FD-271 - File Review Sheet
- FD-272 - Cover Page for Prosecutive Summary Report
- FD-276 - Radio Interference Report
- FD-277 - Return to Duty
- FD-279 - HF Radio Log
- FD-281 - Receipt for Government Property
- FD-282 - Leave Request
- FD-283 - FM Radio Station Log
- FD-288 - Operator's Road Test and Driving Certification
- FD-291 - Employment Agreement
- FD-292 - Change in Marital Status
- FD-294 - Letter Initiating Investigations of Support and Special Agent Applicants
- FD-295 - Selective Service - Reserve Status
- FD-297 - Log for Technical Surveillance

b1

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VOLUME II

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VOLUME II  
3



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**VOLUME III**

FD-300 - Attachment to Standard Form 88, "Report of Medical Examination"

FD-300a - New Agents Mandatory Physical Fitness Tests

FD-301 - Report of Audit of Imprest Fund

FD-302 - Form for Reporting Information That May Become Testimony

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FD-302a - Continuation Page for FD-302

FD-308 - Federal Savings Bond Payroll Allotment Authorization and Record

FD-309 - Request for Extended Leave Without Pay and/or Departure on Leave of Absence for Maternity Reasons

FD-313 - In-Service Training Confirmation

FD-314 - Personnel Resource List Letter

FD-315 - INS Lookout Notice

FD-316 - Background Data for Limited Inquiries on Maintenance Employees

FD-318 - Electronics Questionnaire

FD-319 - Interview Form - FBI National Academy Applicant

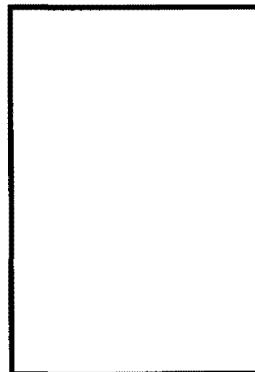
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REASON: 1.5 (C)  
DECLASSIFY ON: 25X

FD-320 - FBI Case Status Form

976312

FD-328 - Waiver of Consent to Polygraph

FD-328 1  
FD-328 2  
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FD-328 10  
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FD-328a - Employee Agreement to Polygraph

FD-328b - Applicant Agreement to Polygraph

FD-328c - Employee Consent to Polygraph (Security Program)

FD-330 - Itinerary

FD-331 - Request to Engage in Outside Employment

FD-331a - Termination of Outside Employment

VOLUME III

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- FD-333 - Interview - Departure for Military Service
- FD-338 - Intraoffice Memorandum re Destruction of Channelizing Memoranda after Inclusion in Reports
- FD-338a - Intraoffice Memorandum re Destruction of Channelizing Memoranda under 1 Year Rule
- FD-339 - Currency List
- FD-340 - 1-A Envelope (changed to clasped envelope) (7 x 9 inches)
- FD-340a - 1-A Envelope (9 x 11 ½ inches)
- FD-340b - 1-A Envelope (clasped envelope, 5 1/8 x 9 ½ inches)
- FD-340c - 1-A Envelope (clasped envelope, 8 ½ x 11 inches)
- FD-341 - Radio Equipment Maintenance Log
- FD-342 - Dissemination Routing Slip - Local Intelligence Agencies
- FD-344 - Annual Telecommunications Equipment and Cost Report
- FD-344a - Resident Agency Annual Telecommunications Equipment and Cost Report
- FD-346 - Immigrant Case Form Letter to Bureau and Washington Field Office
- FD-348 - Informant Index Card
- FD-349 - Work Sheet - Typist's Production Average
- FD-350 - Mounting Sheet for Newspaper Clippings
- FD-351 - Arrest Advisory/Assumption of Custody Request
- FD-352 - Handwriting and/or Hand Printing Specimen in Fraudulent Check Cases
- FD-353 - Personal Identification Fingerprint Card
- FD-354 - Interview or Report re Sick Leave
- FD-356 - Request for Agency Check
- FD-361 - Request and Authorization for, or Cancellation of, Allotment of Compensation for City and State Income Tax Exempt Purposes
- FD-365 - Summary of Complaint
- FD-366 - Letterhead Memorandum Advising Secret Service of Change in Residence and/or Employment of Certain Bureau Subjects
- FD-367 - Transmittal Letter for Cease-duty
- FD-369 - Requisition for Supplies and/or Equipment
- FD-369a - Requisition for Supplies and/or Equipment
- FD-375 - Training Agreement
- FD-376 - Dissemination Letter to Secret Service

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- FD-380 - Personnel Record (Fingerprint Card)
- FD-381 - Motor Vehicle Maintenance Record
- FD-382 - Foreign Assignment Agreement
- FD-383 - FBI Facial Identification Fact Sheet
- FD-388 - Leads Letter re Change in Marital Status
- FD-391 - Request for Authority to Hire Applicants
- FD-395 - Advice of Rights

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FD-395 a	(Pocket size)
FD-395 1	(Arabic)
FD-395 2	(Armenian)
FD-395 3	(Bulgarian)
FD-395 4	(Chinese-Traditional)
FD-395 4a	(Chinese-Simplified)
FD-395 5	(French)
FD-395 6	(German)
FD-395 7	(Hungarian)
FD-395 8	(Iranian (Farsi))
FD-395 9	(Italian)
FD-395 10	(Japanese)
FD-395 11	(Polish)
FD-395 12	(Serbo-Croatian)
FD-395 13	(Romanian)
FD-395 14	(Russian)
FD-395 15	(Spanish)
FD-395 16	(Ukrainian)
FD-395 17	(Vietnamese)
FD-395 18	(Korean)
FD-395 19	(Greek)
FD-395 20	(Cambodian)
FD-395 21	(Hindi)
FD-395 22	(Pashto)
FD-395 23	(Serbian)
FD-395 24	(Urdu)
FD-395 25	(Taglog)
FD-395 26	(Thai)
FD-395 27	(Lao)
FD-395 28	(Albanian)
FD-395 29	(Hebrew)
FD-395 30	(Haitian-Creole)
FD-395 31	(Portuguese)
FD-395 32	(Turkish)
FD-395 33	(Yiddish)
FD-395 34	(Punjabi)

FD-396 - Envelope for Submission of "The Investigator" Items (9 x 11 1/4 inches)

FD-399 - FBI Publications Requisition

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FD-404 - Your Rights at a Lineup

FD-404 1	(Arabic)
FD-404 2	(Armenian)
FD-404 4	(Chinese-Traditional)
FD-404 4a	(Chinese-Simplified)
FD-404 8	(Iranian)(Farsi)
FD-404 9	(Italian)
FD-404 10	(Japanese)
FD-404 14	(Russian)
FD-404 15	(Spanish)
FD-404 17	(Vietnamese)
FD-404 18	(Korean)

FD-406 - Authority to Release Information

FD-406 7



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FD-407 - Recommendation for Transfer of Special Agent to Resident Agency

ALL INFORMATION CONTAINED  
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WHERE SHOWN OTHERWISE

FD-409 - BUAP - Status Inquiry

FD-411 - Notification of Location of Delinquent Registrants

FD-412 - Cover Sheet for Dissemination of Major Case Memorandum

FD-414 - NCIC Entry Form - Stolen Vehicle and Parts

FD-415 - NCIC Entry Form - Stolen /Embezzled/Counterfeit Securities

FD-416 - NCIC Entry Form - Stolen Article and/or "Recovered " Gun

FD-417 - Dissemination Routing Slip

FD-418 - Shooting Incident

FD-420 - Attendance Register

FD-420a - Attendance Register/TURK

FD-421 - Data Communications Log

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FD-426 - Visitors' Log

FD-427 - Intraoffice Memorandum to RUC Case

FD-429 - Investigative Assistant Agreement

FD-430 - Bank Robbery ADP Entry

FD-431 - Authorization for Use of Personally Owned Side Arm



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b1

VOLUME IV

1

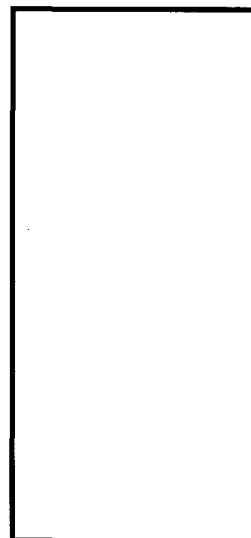
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- FD-433 - Request for Leave Audit
- FD-434 - Request for Cancellation of Savings or Checking Account Allotments
- FD-435 - Military Service Restoration Interview
- FD-440 - "Type of Blood" Card
- FD-441 - Return Receipt of Mail Card
- FD-441a - Return Receipt for Evidence Control Custodian
- FD-441b - Registered Mail Tracer
- FD-448 - Facsimile Cover Sheet
- FD-455 - Access Log - Evidence Storage Facility
- FD-456 - Letter Initiating Investigations of National Academy Applicants
- FD-460 - Request for Advance of Funds
- FD-462 - Maternity Benefits
- FD-463 - FM Radio Installation Data
- FD-464 - Identification or Credential Card Request
- FD-465 - Authority to Release Medical Information
  - FD-465 14 (Russian)
  - FD-465 15 (Spanish)
- FD-466 - Information Concerning Positions of Computer Programmer and Computer Systems Analyst
- FD-467 - Financial Institution Fraud (FIF) Matter
- FD-468 - Recommendation for Certificate/Letter from Director
- FD-472 - Telephone Device Consent

FD-472 1  
FD-472 2  
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FD-472 6  
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VOLUME IV

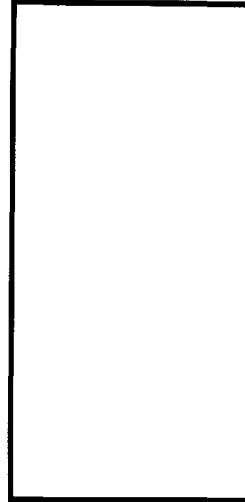
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FD-473 - Body Recorder/Transmitter Consent

FD-473 1  
FD-473 2  
FD-473 3  
FD-473 4  
FD-473 4a  
FD-473 6  
FD-473 7  
FD-473 8  
FD-473 9  
FD-473 10  
FD-473 11  
FD-473 13  
FD-473 14  
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FD-473 16  
FD-473 17  
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FD-473a - Consent for Use of Closed Circuit Television (CCTV)

FD-473a 15

(Spanish)

FD-474 - Manuals Up-to-Date Certification

FD-475 - Physical Examination - Card

FD-478 - List of Files Destroyed/Transferred to FBIHQ

FD-484 - Privacy Act Notice for Maintenance Employees

FD-485 - Evaluation Memorandum for Informative Asset

FD-486 - Privacy Act Statement

FD-487 - NCIC Activity Log

FD-488 - Privacy Act Request for In-Service Personnel

FD-490 - Authorization to Maintain Bureau Vehicle Overnight at Employee's Residence on Irregular and/or Emergency Basis

FD-491 - Transmittal Communication for Documents to OO

FD-493 - Headquarters Records Review Request of FBIHQ Indices and Files

FD-494 - Control for Pretrial Diversion Cases

FD-495 - Channel Log

FD-496 - Privacy Act Statement - Civil Rights

FD-497 - Polygraph Examination Worksheet

FD-498 - Polygraph Report

VOLUME IV

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**VOLUME V**

FD-500 - Report of Lost or Stolen Property

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FD-503 - FOIPA Inventory Worksheet

FD-504a - Chain of Custody - ELSUR Evidence Envelope (9 1/2 x 12 inches)

ALL INFORMATION CONTAINED  
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WHERE SHOWN OTHERWISE

FD-504b - Chain of Custody - Original Tape Recording Envelope (8 x 10 1/2 inches)

FD-508 - Excess Supplies and/or Equipment Report

FD-508a - Excess Supplies and/or Equipment Tag

7/07/03

FD-511 - Special Agent Applicant Dimension Evaluation Work Sheet

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FD-515 - Accomplishment Report

FD-515a - Supplemental Page to the Accomplishment Report

FD-517 - Prosecutive Report Form

FD-518 - Narrative Page for Prosecutive Report

FD-519 - Requirements and Certification for Cannibalization and Destruction of Equipment

FD-520 - FISUR Log Cover Sheet

FD-521 - Field Office FOIPA Request

FD-522 - Hostage/Barricade Report

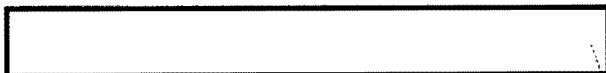
FD-523 - Field Request for Photo Processing

FD-523a - On-Site Photographic Request

FD-524 - Numerical Analysis Sheet

FD-528 - Word Processing Transmittal Envelope

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FD-531 - Stolen Art Data Sheet

FD-532 - Confirmation for Declination Interstate Transportation of Stolen Motor Vehicle (ITSMV) Cases

FD-534 - Itemization of Miscellaneous Expenses

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FD-535 - Privacy Act Notice (for use with Forms FD-190, FD-190a, FD-510, FD-511)

FD-537 - Language Specialist

[Redacted]

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FD-540 - Travel Request

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FD-542 - Investigative Accomplishment Report

FD-543 - Investigative Assistant Workload Data

FD-585 - "Lifted Print" Backing Card

FD-586 - Aviator Qualifications

FD-587 - Application for Specialized Training

FD-594 - Leave Audit Chart

FD-597 - Receipt for Property Received, Returned, Released, Seized

FD-598 - Request for Bank Robbery Note File Examination

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- FD-608 - Recommendation for Quality Step Increase (QSI) or Cash Award in Lieu of QSI
- FD-610 - Data Input for Civil Rights Cases
- FD-612 - Notification of Document Classification Action
- FD-613 - Photograph Identification (4 1/2 x 3 in)
- FD-617 - Subpoena
- FD-619 - Engineering Section Positions
- FD-620 - Accounting Technician Position
- FD-621 - Airtel - Usage Report for Consensual Monitoring
- FD-622 - Language Specialist Agreement
- FD-623 - Automotive Maintenance Employee Agreement
- FD-624 - FISUR Log Cover Sheet
- FD-624a - FISUR Log Cover Sheet
- FD-625 - Special Agent Accountant Vocational Record
- FD-626 - Missing Person Report
- FD-627 - NCIC Entry Form - Stolen License Plate
- FD-628 - NCIC Entry Form - Stolen Boat
- FD-629 - NCIC Entry Form - Boat File Add-on Feature
- FD-630 - NCIC Entry Form - Missing Person
- FD-631 - Letter to Accompany Return of Documentary Evidence
- FD-632 - Evidence Transmittal Envelope
- FD-633 - Educational Certification for Special Agent Accountant Applicant
- FD-634 - Forfeiture/Seized Property
- FD-635 - Record of Seized Property

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- FD-636 - Field Office Asset Seizure Log
- FD-637 - Military Deposit Worksheet and Application for Payment
- FD-637a - Military Deposit Cancellation and Application for Completion of Deposit
- FD-638 - Supervisory Vacancy Request Form
- FD-644 - Warning and Assurance to Employee Requested To Provide Information on a Voluntary Basis
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- FD-646 - Preliminary Application for Special Agent Position
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- FD-646c - Preliminary Application for Support Positions

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- FD-650 - Motor Vehicle Maintenance Summary
- FD-652 - Transcription Request/Approval Sheet
- FD-653 - Motor Vehicle Inspection Inventory Record
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- FD-735 - Voucher Reconciliation
- FD-735a - Advance Reconciliation
- FD-736 - Itemization of Expenditures
- FD-737 - Indemnity Agreement

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FD-739 - Oath of Office - Special Deputation

FD-739a - Credential for Special Deputation  
(attached to FD-739)

FD-744 - Drug Deterrence Program Acknowledgment

FD-746 - Disclosure of Informant Identity

FD-747 - Photo Spread Folder

FD-749 - Tampering with Consumer Products

FD-750 - Invoice for Technical Equipment

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FD-752 - Performance Appraisal Report - Cover Page (Executive Personnel)

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FD-758 - Race and National Origin

FD-759 - Emergency Nontelephonic Consensual Monitoring

FD-760 - Report of Medical Examination FBI Support Applicants and Appointees

FD-765 - Volunteer Leave Donor

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FD-773 - Roommate Background Data

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FD-776 - Cryptographic Access Briefing Acknowledgment

FD-777 - Receipt for Informant Payments

FD-779 - Employee Follow-up, Foreign Language TDY

FD-780 - Office Follow-up, Foreign Language TDY

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FD-785 - Weight Certification

FD-786 - CIA Name Check Request

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FD-789 - Influenza Vaccine Waiver

FD-790 - Work Request for Investigative Support

FD-793 - Draft System Transaction

FD-794 - Draft Request (Field)

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- FD-809 - Public Information Request (Butte)
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- FD-810 - Butte ITC PSIC Reply Form
- FD-812 - Time Off From Duty as an Incentive Award
- FD-813 - Approval for Compensatory Time
- FD-814 - Security Reinvestigation Questionnaire
- FD-815 - Deputation of State and Local Officers
- FD-816 - Access of Non-FBI Personnel to FBI Facilities
- FD-817 - Support Employee Transfer Availability List
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- FD-819 - Evaluation Summary - General Schedule Supervisory Guide
- FD-820 - Sign Language Interpreter Request
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- FD-827 - SASS Phase I Shipping Invoice
- FD-828 - FBI Test/Interview Usage and Inventory Log
- FD-829 - Record Sheet for Test Administrators
- FD-830 - Examinee Roster for Phase I
- FD-831 - Applicant Testing Checklist
- FD-833 - Nondisclosure Statement for Selection Tests and Interviews
- FD-834 - Request for Access to Official Personnel File

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FD-834a - Withheld Page Information Sheet

FD-835 - Security Acknowledgment Form (Security Unit)

FD-836 - Log of Federal Occupational Injuries and Illness (See BU Safety and Occupational Health Manager)

FD-837 - Drug Test Refusal

FD-838 - Log for Adding Postage to Meters (Mail Room)

FD-839 - Authorization for Disclosure of Medical Information

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FD-843 - Special Agent Qualification Questionnaire

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FD-846 - SASS Phase II Examinee Roster

FD-848 - SASS Phase II Assessor Materials Checklist

FD-849 - Special Agent Selection System Phase II Application Testing Checklist

FD-852 - Certified Test Administrator Agreement

FD-853 - Interview Follow-up Sheet

FD-856 - Selective Placement Program Matters, Reasonable Accommodations Request

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FD-888 - FBI Arrest Plan Form

FD-889 - Notice of Responsibilities and Computer Security Awareness Certification

FD-891 - IMIS Course Registration

FD-893 - FBI Hazardous Materials Response (HMR) Exposure

FD-894 - FBI Hazardous Materials Response Respiratory Fit Testing Qualitative

FD-895 - Hazardous Materials Response (HMR) Onsite Medical Examination

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- FD-904 - Alcohol and Controlled Substance Abuse Program Commercial Driver Notice
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- FD-906 - Alcohol and Controlled Substance Abuse Program Commercial Driver's Application Form
- FD-907 - Alcohol and Controlled Substance Abuse Program Temporary Restriction Form
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- FD-909 - Administrative Subpoena
- FD-909a - Continuation Sheet for the FD-909
- FD-910 - Acquisition Planning Form \$1,000,000-\$5,000,000
- FD-911 - Acquisition Planning Form \$5,000,000 or Greater
- FD-913 - Access Log - Safes and Storage Facilities Containing Cash and Valuables
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- FD-921 - Laser Eye Examination Form
- FD-922 - FBI Health Care Programs Unit Physician Treatment Orders
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FD-927 - Warning and Assurance to Employee Requested to Provide Information Following a Shooting Incident  
 FD-930 - NCIC Violent Gang and Terrorist Organizations File (VGTOF) Gang Member Entry Form  
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 FD-950 - FBI LEGAT Dependent Exam 11 yrs of Age or Younger  
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 FD-952 1- Native American Recruitment Brochure  
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- FD-955 - Candidate Qualification Form (CQF)
- FD-956 - Honors Internship Program School Certification Form
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- R-84 - Final Disposition Report

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Federal Bureau of Investigation

Washington, D.C. 20535

January 28, 2004

Subject: FORMS/12 SPECIFIC

FOIPA No. 0985165- 000

The enclosed documents were reviewed under the Freedom of Information/Privacy Acts (FOIPA), Title 5, United States Code, Section 552/552a. Deletions have been made to protect information which is exempt from disclosure, with the appropriate exemptions noted on the page next to the excision. In addition, a deleted page information sheet was inserted in the file to indicate where pages were withheld entirely. The exemptions used to withhold information are marked below and explained on the enclosed Form OPCA-16a:

Section 552

- ☐ (b)(1)
- ☒ (b)(2)
- ☐ (b)(3) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- ☐ (b)(4)
- ☐ (b)(5)
- ☐ (b)(6)

Section 552a

- ☐ (b)(7)(A)
- ☐ (b)(7)(B)
- ☐ (b)(7)(C)
- ☐ (b)(7)(D)
- ☐ (b)(7)(E)
- ☐ (b)(7)(F)
- ☐ (b)(8)
- ☐ (b)(9)
- ☐ (d)(5)
- ☐ (j)(2)
- ☐ (k)(1)
- ☐ (k)(2)
- ☐ (k)(3)
- ☐ (k)(4)
- ☐ (k)(5)
- ☐ (k)(6)
- ☐ (k)(7)

32 page(s) were reviewed and 27 page(s) are being released.

- ☐ Document(s) were located which originated with, or contained information concerning other Government agency(ies) [OGA]. This information has been:

- ☐ referred to the OGA for review and direct response to you.
- ☐ referred to the OGA for consultation. The FBI will correspond with you regarding this information when the consultation is finished.

☒ You have the right to appeal any denials in this release. Appeals should be directed in writing to the Co-Director, Office of Information and Privacy, U.S. Department of Justice, Flag Building, Suite 570, Washington, D.C. 20530-0001 within sixty days from the date of this letter. The envelope and the letter should be clearly marked "Freedom of Information Appeal" or "Information Appeal." Please cite the FOIPA number assigned to your request so that it may be easily identified.



☐ The enclosed material is from the main investigative file(s) in which the subject(s) of your request was the focus of the investigation. Our search located additional references, in files relating to other individuals, or matters, which may or may not be about your subject(s). Our experience has shown, when ident, references usually contain information similar to the information processed in the main file(s). Because of our significant backlog, we have given priority to processing only the main investigative file(s). If you want the references, you must submit a separate request for them in writing, and they will be reviewed at a later date, as time and resources permit.

☐ See additional information which follows.

Sincerely yours,

A handwritten signature in black ink, appearing to read "D. Hardy", with a stylized flourish at the end.

David M. Hardy  
Section Chief  
Record/Information  
Dissemination Section  
Records Management Division

Enclosure(2)



FEDERAL BUREAU OF INVESTIGATION  
FOIPA  
DELETED PAGE INFORMATION SHEET

Serial Description ~ COVER SHEET

07/20/1994

Total Deleted Page(s) ~ 9

Page 1 ~ b2  
Page 2 ~ b2  
Page 3 ~ b2  
Page 4 ~ b2  
Page 6 ~ b2  
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Page 28 ~ b2

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X Deleted Page(s) X  
X No Duplication Fee X  
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City		File & Serial Number
Name of Person		
Address		<input type="checkbox"/> Security
		<input type="checkbox"/> Fugitive
		<input type="checkbox"/> Other
Date Cover Placed	Period	
	From -	To -
Placed by		
Special Agent		

Mail Cover Index Card  
FD-57 (6-25-73)



To		Date
Name	Division	Section
Work Hours	Telephoned <input type="checkbox"/> No <input type="checkbox"/> Yes Time _____	Arrived
Times Previously Tardy this Calendar Year		

<b>Tardiness</b> <input type="checkbox"/> Excused <input type="checkbox"/> Unexcused	<b>Leave Slip Submitted</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Reason</b>
<b>Remarks</b>		
		_____ Supervisor

FD-120 Notice of Tardiness

GENERAL

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals supplying information for completion of the Notice of Tardiness form.

AUTHORITY

Title 28, Code of Federal Regulations, section 0.137, authorizes the Director of the FBI to exercise power and authority vested in the Attorney General by law to take final action in matters pertaining to the employment, direction and general administration of personnel in the FBI.

PURPOSES AND USES

This information will be used to determine whether the tardiness will be excused or unexcused, and, if unexcused, to support possible administrative action that may be taken in accordance with FBI policy. This form will document the tardiness and will be placed in your personnel folder. This information may be furnished to any Federal Agency or other employer for uses published in the Federal Register.

EFFECTS OF NONDISCLOSURE

Disclosure of the information requested is voluntary; however, failure to supply all of the information may result in the tardiness being classified as unexcused and your being charged as absent without leave (AWOL).





# Application for Employment Federal Bureau of Investigation

## INSTRUCTIONAL INFORMATION SHEET

The Instructional Information Sheet has been prepared to assist you in completing the application for FBI employment. If a question does not apply to you, please indicate "N/A" in the appropriate space. If you need additional space for any question on the application or want to give additional information, you must use the FD-140a for Sections II and IV and/or you may use plain sheets that are the same size as this application for any other question. You should number each answer to correspond to each question and include your name and Social Security Account Number at the top of each continuation sheet.

Type or legibly print your answers in black ink. If your form is illegible, it will not be accepted.

**Note:** Persons with disabilities who require accommodations to complete the application process should notify the FBI of their needs.

## COMMON OMISSIONS

Incomplete information will delay the processing your application. Therefore, answer each question as thoroughly as possible. In Part XIV, we have found that some applicants omit the middle names of relatives. If a relative does not have a middle name, indicate "NMN," meaning no middle name. If you are unable to furnish complete information concerning your parents or relatives, give a justifiable explanation as to why you cannot do so.

If you served in the Armed Forces, indicate in Part II, by each address, whether you lived on or off base. Be sure to include overseas tours. If you have relatives who are currently in the military, indicate their complete addresses and whether they reside on or off base.

## TRANSCRIPTS

Official transcripts of all college courses will be necessary if you are applying for a specialty position. Examples of specialty positions are Computer Scientist, Electronics Technician, Laboratory Aide/Technician, Budget Analyst, Operating Accountant, and Financial Analyst. Attach your transcripts to your application so that we can determine your qualifications for the position. If you are unsure as to whether the position you are applying for requires transcripts, contact your local FBI office.

## CERTIFICATIONS

If you are applying for Special Agent under the Accounting Program, you may need certification of your academic qualifications. Contact your local FBI office for further information.

## HATCH ACT REFORM PROVISIONS

The Hatch Act Reform Amendments of 1993, 5 U.S.C. § 3303, prohibit the FBI from accepting oral or written statements from congressional or political sources that are unsolicited recommendations for your appointment to an employment position.

**YOU MAY DETACH THIS INFORMATION SHEET, BUT INCLUDE  
ALL OTHER SHEETS WITH YOUR COMPLETED APPLICATION.**



## Application for Employment

### Federal Bureau of Investigation

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#### EFFECTS OF NONDISCLOSURE AND PENALTIES FOR INACCURATE OR FALSE STATEMENTS

The employment application forms request both mandatory and optional information. If you omit answering an item, however, you may not receive full consideration for a position; and without your social security number, we cannot process your application. Consequently, it is in your best interest to answer all of the questions. The U.S. Criminal Code, Title 18 § 1001, provides that knowingly falsifying or concealing a material fact is a felony that may result in fines of up to \$10,000 or 5 years in prison, or both. Under 5 U.S.C. § 8315, a false answer to questions relating to membership in the Communist Party, U.S.A., or other communist or fascist organizations could deprive you of your right to an annuity when you reach retirement age. Deliberately and materially making false or fraudulent statements on this form will be grounds for not granting you a security clearance and not hiring you or for firing you after you begin work. In addition, these violations will become part of your permanent record for future employment.

You are applying for a sensitive position, and your trustworthiness and suitability for FBI employment is vital to your eligibility for a security clearance. Consequently, your prospects for placement and a security clearance are better if you answer all questions honestly and completely. An investigation of your statements will include checking fingerprints, police records, and former employers. Should questions on any of your statements arise, you will be given an adequate opportunity to respond, and your comments will be included in the official record. As a further condition of employment, you will be administered a polygraph examination. This examination will focus on your truthfulness on the FBI application form, which includes questions on prior drug use. Please note that you can be disqualified for FBI employment if you have done any of the following:

- used marijuana during the last 3 years,
- used marijuana more than 15 times,
- used an illegal drug or combination of illegal drugs, other than marijuana, more than 5 times,
- used an illegal drug or combination of illegal drugs, other than marijuana, during the last 10 years,
- sold an illegal drug for profit,
- used an illegal drug while employed in a law enforcement or prosecutorial position or while in a position of high-level responsibility or public trust,
- failed an FBI polygraph examination regarding prior drug use, even if the extent of use would not have been disqualifying,
- failed an FBI polygraph examination regarding truthfulness/candor on an FBI employment application, or
- failed an FBI polygraph examination regarding contact with non-U.S. Intelligence Services.

---

Printed Name

---

Signature (as usually written, without nicknames)

---

Social Security Account Number

---

Date

(Public Burden and Privacy Act Statements on next page)



**PUBLIC BURDEN INFORMATION** The public burden reporting for this collection of information is estimated to be 8 hours per response. This estimate includes reviewing instructions, searching information sources, and gathering and reporting the information. You may send your comments on the time estimate and other aspects of data collection, including suggestions for reducing the time it takes to complete this form to the Fraud Section, Criminal Division, U. S. Department of Justice, Washington, D.C. 20535-0001, and to the Office of Management and Budget, OMB Number 1110-0016, Washington, D.C. 20535-0001.

#### **AUTHORITY**

The FBI investigates and assesses suitability and security issues of federal employment primarily under 5 U.S.C. §§ 3301 and 9101 and Executive Orders 10450 and 12968. The Director of the FBI exercises power and authority vested in the Attorney General to take final action on the employment, direction, and general administration of FBI personnel under 28 C.F.R. § 0.137. The Bureau requests your Social Security Account Number (SSAN) under Executive Order 9397.

#### **PRIVACY ACT NOTICE**

Pursuant to the Privacy Act of 1974, 5 U.S.C. § 552a, we are providing the following information on principal purposes and routine uses for individuals completing the FBI employment application forms.

#### **PRINCIPAL PURPOSES AND ROUTINE USES**

The principal purpose of this form is to collect information to determine the qualifications and suitability of FBI employment applicants and to determine the reassignment, reinstatement, transfer, or promotion of current FBI employees. By law and regulation, we may evaluate your application to determine, for example, if you are entitled to Veterans' Preference and if you are restricted by citizenship, family members already employed, or residence requirements. We may also use your application to contact you for an interview and to verify your availability for employment. The further purpose of this form is to collect information for an FBI background investigation to establish your eligibility for a required security clearance and for other authorized purposes within the Department of Justice. Your SSAN identifies you throughout your federal career from job application to retirement. We may use your SSAN to accurately identify your records and to process your application for employment. We may use your SSAN to seek information about you from employers, schools, banks, and other individuals who know you. Your SSAN may also be used in studies and computer matches with other government files that, for instance, may pertain to unpaid student loans or parent locators. Furthermore, all or part of your completed FBI application form may be disclosed outside the Department of Justice to the following:

1. Federal agencies requesting lists of individuals who are eligible for appointment, reassignment, reinstatement, transfer, or promotion.
2. State or local government agencies under either the Intergovernmental Personnel Act or the President's Executive Program when you have expressed an interest in such employment.
3. Federal agency investigators to determine suitability for federal employment.
4. Selecting officials who are involved with the internal personnel management of federal agencies.
5. Appropriate federal, state, local, foreign, or other public authorities conducting criminal, intelligence, or security background investigations.
6. Federal, state, or local agencies creating other personnel records after you have been appointed to an agency position.
7. Appropriate entities responsible for licensing or for investigating, prosecuting, or enforcing law, regulation, or contract.
8. Federal, state, local, foreign, or other public authorities if there is a request for information on employment, security, contracting, or licensing determinations.
9. The news media or general public when the disclosure of factual information would be in the public interest and would not constitute an unwarranted invasion of privacy.
10. Officials or employees of other federal agencies to assist in the performance of their duties, including the White House for employment, security, or access purposes and for matters of constitutional, statutory, or other official duties of the President.
11. Non-FBI employees acting in furtherance of a Department of Justice function.
12. Courts or adjudicative bodies when the FBI has an official interest in the proceedings.
13. Identified persons or entities to publish notice in the Federal Register of the routine use of information.



# Application for Employment Federal Bureau of Investigation

Position for which you are applying:

☐ Special Agent      ☐ Clerical      ☐ Honors Intern

Date: \_\_\_\_\_

☐ Professional/Technical (Specify): \_\_\_\_\_

## I. PERSONAL HISTORY

<p>1. Name in Full (Last, First, Middle)</p>		<p>2. List all other names you have used including nicknames. If female, furnish your maiden name. If you have used a surname, other than your true name, give the time period and the circumstances under which you used this name. If you legally changed your name, give the date, place, and court in which this occurred.</p>	
<p>3. Birth Date (Month, Date, Year)</p>		<p>4. Birthplace (City, State, Country, Zip Code). If foreign born to American parent(s), attach a copy of State Department Form 240 - Report of Birth Abroad of a Citizen of the United States.</p>	
<p>5. Age</p>	<p>6. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male</p>	<p>7. Social Security Account Number (See Privacy Act Notice on Cover Page)</p>	
<p>8. Marital Status:  <input type="checkbox"/> Never Married    <input type="checkbox"/> Engaged    <input type="checkbox"/> Married    <input type="checkbox"/> Separated    <input type="checkbox"/> Legally Separated    <input type="checkbox"/> Divorced    <input type="checkbox"/> Widowed</p>			
<p>a. Give marriage date and place (City, State, Zip Code).</p>			
<p>b. Give the dates, places (City, State, Zip Code), and reason for all separations, divorces, or annulments.</p>			

9. Citizenship

a. Country of current citizenship: \_\_\_\_\_ b. Citizenship acquired by: ☐ Birth ☐ Naturalization

c. Date and place (City, State, Zip Code) of naturalization: \_\_\_\_\_

d. Naturalization Certificate Number: \_\_\_\_\_ e. Alien Registration Number: \_\_\_\_\_

f. Name used when entering the United States: \_\_\_\_\_

g. If you are or were a dual citizen of the United States and another country, provide the name of that country: \_\_\_\_\_

## II. RESIDENCES

List all places where you have lived and account for all time periods. Begin with your most recent place of residence and work back to age 18. Be sure to indicate the actual physical location of your residence. Do not use a post office box as an address, and do not list a permanent address when you are actually living at school. During military service, be sure to list each place of residence, including your base or ship/home port. \* Note: If you need additional space, attach FD-140a (Continuation Sheet to FD-140).

Month/Year - Month/Year	Street Address	Apt.#	City (County)	State	Zip Code	Telephone Number
1. to Present						( )
Apartment Complex/Landlord		Street Address		Apt.#	City (County)	State Zip Code
2. to						( )
Apartment Complex/Landlord		Street Address		Apt.#	City (County)	State Zip Code
3. to						( )
Apartment Complex/Landlord		Street Address		Apt.#	City (County)	State Zip Code

The Federal Bureau of Investigation is an equal opportunity employer.

Field Office	
SEARCHED	INDEXED
SEARCHED	FILED
FBI-	

Headquarters	
87-SEARCHED	NUMBERED
THREE	



## II. RESIDENCES (con't)

Month/Year - Month/Year	Street Address	Apt.#	City (County)	State	Zip Code	Telephone Number
4.      to						(    )
Apartment Complex/Landlord		Street Address	Apt.#	City (County)	State	Zip Code
Month/Year - Month/Year	Street Address	Apt.#	City (County)	State	Zip Code	Telephone Number
5.      to						(    )
Apartment Complex/Landlord		Street Address	Apt.#	City (County)	State	Zip Code

## III. EDUCATION

### 1. High School

Name of High School from which you graduated or issuer of GED	Address (City, State, Zip Code)	From Month/Year	To Month/Year

### 2. College or University

Names and Addresses of all Colleges or Universities Attended (City, State, Zip Code)	Subject					GPA
	Major	Minor	From Month/Year	To Month/Year	Degree Received	
#1						
#2						
#3						

### 3. Specialized Schools

Name and Address of School (City, State, Zip Code)	Study or Specialization	Certificate/Degree received	From Month/Year	To Month/Year
#1				
#2				

4. Was any disciplinary action taken against you while you were in school or were you dismissed or suspended from school for academic reasons?  
☐ Yes ☐ No    If yes, provide the name of the school, the action, and the date of action below.

School	Action	Date



#### IV. EMPLOYMENT

List your employment activities, beginning with the present (#1) and working back to age 16. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire period must be accounted for without breaks, but you need not list employments before your 16th birthday. If you need additional space, attach FD-140a (Continuation Sheet to FD-140).

• Code. Use one of the codes listed below to identify the type of employment:

- |  |   |   |
|--|---|---|
| 1 - Active military duty stations<br>2 - National Guard/Reserve<br>3 - U.S.P.H.S. Commissioned Corps | 4 - Other Federal employment<br>5 - State Government (Non-Federal employment)<br>6 - Self-employment (include business name and/or name of person who can verify) | 7 - Unemployment (include name of person who can verify)<br>8 - Federal Contractor (List contractor, not Federal agency)<br>9 - Other |
|--|---|---|

1. Month/Year-Month/Year to Present	Code	Employer/Name/Military Duty Location	Your Position Title/Military Rank	
Address of Employment		City (County)	State	Zip Code
		Telephone Number ( )		
Immediate Supervisor		Telephone Number of Supervisor ( )	Reason for Leaving	
Salary/Earnings		Average No. of Hrs. per week		Level of Security Clearance (if applicable)
Starting \$ _____ per _____ Ending \$ _____ per _____		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Work Description (Describe your specific duties and, if applicable, include all supervisory, managerial, scientific, and professional experience.)				

2. Month/Year-Month/Year	Code	Employer/Name/Military Duty Location	Your Position Title/Military Rank	
Address of Employment		City (County)	State	Zip Code
		Telephone Number ( )		
Immediate Supervisor		Telephone Number of Supervisor	Reason for Leaving	
Salary/Earnings		Average No. of Hrs. per week		Level of Security Clearance (if applicable)
Starting \$ _____ per _____ Ending \$ _____ per _____		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Work Description (Describe your specific duties and, if applicable, include all supervisory, managerial, scientific, and professional experience.)				

3. Has any of the following happened to you? If Yes, begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested. ☐ Yes ☐ No Attach additional sheets as necessary.

• Code. Use the following codes and explain the reason your employment ended:

- |  |  |
|--|--|
| 1 - Fired from a job<br>2 - Quit a job after being told you'd be fired<br>3 - Left a job by mutual agreement following allegations of misconduct | 4 - Left a job by mutual agreement following allegations of unsatisfactory performance<br>5 - Left a job for other reasons under unfavorable circumstances |
|--|--|

Month/Year	Code	Specify Reason	Employer's Name and Address (Include City/Country if outside U.S.)	State	Zip Code

4. To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? ☐ Yes ☐ No If Yes, give date of action and agency. Note: An administrative downgrade or termination of a security clearance is not a revocation.

Month/Year	Department or Agency Taking Action	Month/Year	Department or Agency Taking Action



**V. MILITARY RECORD**

1. Did you register with the Selective Service System as required? ☐ Yes ☐ No If yes, provide the following:  
Registration Number ..... Location (City, State, Zip Code) .....  
If no, provide reason: .....
2. Have you served on active duty in the United States Armed Forces? ☐ Yes ☐ No If yes, attach a copy of each DD-214 received and proceed to question 3. If no, proceed to Part VI.
3. Branch of military service: .....
4. Dates of active duty (Month, Date, Year)  
From: ..... To: .....  
From: ..... To: .....
5. Military Serial Number or SSAN: .....
6. Are you a member of the Reserve? ☐ Yes ☐ No  
☐ Ready ☐ Standby  
Branch of Service: .....
7. Was any disciplinary action taken against you while you were in the service? ☐ Yes ☐ No If applicable, be sure to include nonjudicial punishment and Article 15s. If yes, provide details. ....
8. Have you served in the National Guard? ☐ Yes ☐ No If yes, provide dates, unit location, and name of Commanding Officer. ....
9. a. Do you claim Veterans Preference? ☐ Yes ☐ No  
b. If yes, indicate dates of service and attach DD-214. ....  
c. If claiming 10-point Veterans Preference, in addition to your DD-214, you must provide a Standard Form 15 (Application for 10-point Veteran Preference) with appropriate documentation. ....

**VI. REFERENCES/SOCIAL ACQUAINTANCES**

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 10 years. Do not list your spouse, former spouse, or other relatives, and try not to list anyone who is listed elsewhere on this form.

1. Complete Name ..... (Last, First, Middle)		Home Address .....
Yrs. Acq. ....	Occupation .....	(City, State, Zip Code) .....
DOB or Approximate Age .....		Home Phone (Including Area Code) .....
		Business Address .....
		Business Phone (Including Area Code) .....
2. Complete Name ..... (Last, First, Middle)		Home Address .....
Yrs. Acq. ....	Occupation .....	(City, State, Zip Code) .....
DOB or Approximate Age .....		Home Phone (Including Area Code) .....
		Business Address .....
		Business Phone (Including Area Code) .....
3. Complete Name ..... (Last, First, Middle)		Home Address .....
Yrs. Acq. ....	Occupation .....	(City, State, Zip Code) .....
DOB or Approximate Age .....		Home Phone (Including Area Code) .....
		Business Address .....
		Business Phone (Including Area Code) .....



## VII. FOREIGN TRAVEL

1. List all foreign countries you have visited. (Include travel while serving in the United States Armed Forces.) Under "Reasons for Travel" indicate whether the travel was for business, pleasure, education, or other. Attach additional sheets as necessary.

Passport Number: \_\_\_\_\_

Date issued \_\_\_\_\_

Countries Visited	From Month/Year	To Month/Year	Reasons for Travel

2. Have you served in the Armed Forces of a foreign country? ☐ Yes ☐ No If yes, specify country, type of service, and dates of service.

3. Do you or members of your immediate family, including in-laws, have relatives now residing outside the United States? (Do not include relatives living abroad who are in the Armed Forces or employed by the United States Government.) ☐ Yes ☐ No If yes, provide information requested below.

Name	Age	Relationship	Frequency of Contact	City	Country	Country of Citizenship

4. Have you or members of your immediate family, including in-laws, had contact with foreign diplomatic establishments or their representatives in the U.S. or abroad, which include commercial, consular, news media, and trade or travel organizations? ☐ Yes ☐ No If yes, explain the circumstances on a separate page.

5. Have you or members of your immediate family, including in-laws, been employed by or acted as a consultant for a foreign government, firm, or agency? ☐ Yes ☐ No If yes, attach a separate page explaining the circumstances.

6. Have you or members of your immediate family, including in-laws, had contact with a foreign government, its establishments (embassies or consulates), or its representatives (either inside or outside the United States) for other than official government business? (Do not include routine visa applications and border-crossing contacts.) ☐ Yes ☐ No If yes, attach a separate page explaining the circumstances.

## VIII. ASSOCIATION RECORD

1. Have you been an officer or a member of or contributed to an organization that is dedicated to the violent overthrow of the United States Government and that engages in illegal activities with the specific intent to further that end? ☐ Yes ☐ No If yes, provide details.

2. Have you engaged in acts or activities designed to overthrow the United States Government by force? ☐ Yes ☐ No If yes, provide details.

## IX. COURT RECORD

1. Have you been a party to a civil court action? ☐ Yes ☐ No If yes, provide the requested information below.

Month/Year	Nature of Action	Result of Action	Names of parties, (Identify plaintiff and defendant) the court and address (city, county, state, zip code; or country if a court outside the U.S.)

2. Have you ever been arrested or charged with any violation including traffic, but excluding parking tickets? ☐ Yes ☐ No If yes, list all such matters even if not formally charged or no court appearance, or found not guilty, or matter settled by payment of fine or forfeiture of collateral. Attach additional sheets as necessary.

Date	Place and Department	Charge	Court and Place	Disposition	Details



### IX. COURT RECORD (continued)

3. To your knowledge, have any members of your immediate family been arrested? ☐ Yes ☐ No If yes, list all such matters even if not formally charged or no court appearance, or found not guilty, or matter settled by payment of fine or forfeiture of collateral. Attach additional sheets as necessary.

Date	Place and Department	Charge	Court and Place	Disposition	Details

### X. FINANCIAL STATUS

1. Have you ever been over 120 days delinquent on any debt(s) or had any debt placed for collection? ☐ Yes ☐ No
2. Are you currently delinquent on any debt(s)? ☐ Yes ☐ No
3. Have you ever filed a petition under any chapter of the bankruptcy code (to include Chapter 13)? ☐ Yes ☐ No
4. Have you ever had your wages garnished or had any property repossessed for any reason? ☐ Yes ☐ No
5. Have you ever had a lien placed against your property for failing to pay taxes or other debts? ☐ Yes ☐ No
6. Have you ever had any judgments filed against you? ☐ Yes ☐ No
7. Are you currently delinquent or have you ever been in default on any student loan? ☐ Yes ☐ No

If you answered "Yes" to items 1-7, provide the information requested below:

Month/Year	Action Taken	Amount	Name Action Occurred Under	Name/ Address of Court or Agency Handling Case	City	Zip Code

8. Are you current on all federal, state and local tax debts? (Include individual and employer tax debts that apply to you). ☐ Yes ☐ No If no, provide details.

9. Do you have income from sources other than your salary or your spouse's salary? ☐ Yes ☐ No If yes, specify the source and amount

### XI. SPECIAL QUALIFICATIONS AND SKILLS

1. Do you have foreign language abilities? ☐ Yes ☐ No If yes, indicate your foreign language proficiency by rating each category of ability as "slight," "good" or "fluent."

Name of Language	Speak	Understand	Read	Write

2. Are you a member of the bar? ☐ Yes ☐ No If yes, give the date of membership and the state below. Also indicate if any complaints or grievances were ever filed against you. (if applicable)

Date	State	Grievance/Complaint Information

3. Are you a Certified Public Accountant? ☐ Yes ☐ No If yes, give the date of membership and the state below. Also indicate if any complaints or grievances were ever filed against you. (if applicable)

Date	State	Grievance/Complaint Information

4. a. Are you a licensed automobile driver? ☐ Yes ☐ No b. Are you a licensed motorcycle driver? ☐ Yes ☐ No  
Do you possess a Commercial Driver's License? ☐ Yes ☐ No If yes to a., b., or c. indicate the following:

State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ License # (s): \_\_\_\_\_

State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ License # (s): \_\_\_\_\_

5. Do you have any special skills for which certification or licensing is required? (Nurse, Emergency Medical Technician, Pilot, Real Estate, Cosmetology, etc.)



## XII. RELATIVES

All applicants must give complete information concerning their close relatives and in-laws. Relatives include spouse, parents, stepparents, siblings, step and half siblings, children, and stepchildren. This information will be verified through a background investigation. If you have been married more than once, give the requested information for each former spouse. For deceased relatives, give the requested information and indicate the decedent's last residence and year of death. If you or your spouse were raised by legal guardians or others, give the requested information on them as well as the biological parents. If you are engaged to be married, indicate this in Part I, Block 8, and give information on your future spouse and future in-laws in Part XII, Blocks 21 through 26, clearly indicating that they are future relationships. For any relatives (excluding in-laws) who were born outside the United States to American parents, attach a copy of State Department Form - 240.

<b>1. FATHER (Last, First, Middle)</b> <hr/> Address (City, State, Zip Code) <hr/> <hr/> Name of Firm or Employer <hr/> Address of Employer (City, State, Zip Code) <hr/> <hr/> Date of Birth                      Place of Birth <hr/> <b>3. SPOUSE (Last, First, Middle) (Maiden)</b> <hr/> Address (City, State, Zip Code) <hr/> <hr/> Name of Firm or Employer <hr/> Address of Employer (City, State, Zip Code) <hr/> <hr/> Date of Birth                      Place of Birth <hr/> <b>5. CHILD (Last, First, Middle) (Maiden)</b> <hr/> Address (City, State, Zip Code) <hr/> <hr/> Name of Firm or Employer <hr/> Address of Employer (City, State, Zip Code) <hr/> <hr/> Date of Birth                      Place of Birth <hr/>	<b>2. MOTHER (Last, First, Middle) (Maiden)</b> <hr/> Address (City, State, Zip Code) <hr/> <hr/> Name of Firm or Employer <hr/> Address of Employer (City, State, Zip Code) <hr/> <hr/> Date of Birth                      Place of Birth <hr/> <b>4. FORMER SPOUSE (Last, First, Middle) (Maiden)</b> <hr/> Address (City, State, Zip Code) <hr/> <hr/> Name of Firm or Employer <hr/> Address of Employer (City, State, Zip Code) <hr/> <hr/> Date of Birth                      Place of Birth <hr/> <b>6. CHILD'S SPOUSE (Last, First, Middle) (Maiden)</b> <hr/> Address (City, State, Zip Code) <hr/> <hr/> Name of Firm or Employer <hr/> Address of Employer (City, State, Zip Code) <hr/> <hr/> Date of Birth                      Place of Birth <hr/>
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**XII. RELATIVES (continued)**

<b>7. CHILD (Last, First, Middle) (Maiden)</b> <hr/> Address (City, State, Zip Code) <hr/> <hr/> Name of Firm or Employer <hr/> Address of Employer (City, State, Zip Code) <hr/> <hr/> Date of Birth                      Place of Birth	<b>8. CHILD'S SPOUSE (Last, First, Middle) (Maiden)</b> <hr/> Address (City, State, Zip Code) <hr/> <hr/> Name of Firm or Employer <hr/> Address of Employer (City, State, Zip Code) <hr/> <hr/> Date of Birth                      Place of Birth
<b>9. BROTHER (Last, First, Middle)</b> <hr/> Address (City, State, Zip Code) <hr/> <hr/> Name of Firm or Employer <hr/> Address of Employer (City, State, Zip Code) <hr/> <hr/> Date of Birth                      Place of Birth	<b>10. BROTHER'S SPOUSE (Last, First, Middle) (Maiden)</b> <hr/> Address (City, State, Zip Code) <hr/> <hr/> Name of Firm or Employer <hr/> Address of Employer (City, State, Zip Code) <hr/> <hr/> Date of Birth                      Place of Birth
<b>11. BROTHER (Last, First, Middle)</b> <hr/> Address (City, State, Zip Code) <hr/> <hr/> Name of Firm or Employer <hr/> Address of Employer (City, State, Zip Code) <hr/> <hr/> Date of Birth                      Place of Birth	<b>12. BROTHER'S SPOUSE (Last, First, Middle) (Maiden)</b> <hr/> Address (City, State, Zip Code) <hr/> <hr/> Name of Firm or Employer <hr/> Address of Employer (City, State, Zip Code) <hr/> <hr/> Date of Birth                      Place of Birth
<b>13. BROTHER (Last, First, Middle)</b> <hr/> Address (City, State, Zip Code) <hr/> <hr/> Name of Firm or Employer <hr/> Address of Employer (City, State, Zip Code) <hr/> <hr/> Date of Birth                      Place of Birth	<b>14. BROTHER'S SPOUSE (Last, First, Middle) (Maiden)</b> <hr/> Address (City, State, Zip Code) <hr/> <hr/> Name of Firm or Employer <hr/> Address of Employer (City, State, Zip Code) <hr/> <hr/> Date of Birth                      Place of Birth



**XII. RELATIVES (continued)**

<b>15. SISTER (Last, First, Middle) (Maiden)</b> <hr/> Address (City, State, Zip Code) <hr/> <hr/> Name of Firm or Employer <hr/> Address of Employer (City, State, Zip Code) <hr/> <hr/> Date of Birth                      Place of Birth	<b>16. SISTER'S SPOUSE (Last, First, Middle)</b> <hr/> Address (City, State, Zip Code) <hr/> <hr/> Name of Firm or Employer <hr/> Address of Employer (City, State, Zip Code) <hr/> <hr/> Date of Birth                      Place of Birth
<b>17. SISTER (Last, First, Middle) (Maiden)</b> <hr/> Address (City, State, Zip Code) <hr/> <hr/> Name of Firm or Employer <hr/> Address of Employer (City, State, Zip Code) <hr/> <hr/> Date of Birth                      Place of Birth	<b>18. SISTER'S SPOUSE (Last, First, Middle)</b> <hr/> Address (City, State, Zip Code) <hr/> <hr/> Name of Firm or Employer <hr/> Address of Employer (City, State, Zip Code) <hr/> <hr/> Date of Birth                      Place of Birth
<b>19. SISTER (Last, First, Middle) (Maiden)</b> <hr/> Address (City, State, Zip Code) <hr/> <hr/> Name of Firm or Employer <hr/> Address of Employer (City, State, Zip Code) <hr/> <hr/> Date of Birth                      Place of Birth	<b>20. SISTER'S SPOUSE (Last, First, Middle)</b> <hr/> Address (City, State, Zip Code) <hr/> <hr/> Name of Firm or Employer <hr/> Address of Employer (City, State, Zip Code) <hr/> <hr/> Date of Birth                      Place of Birth
<b>21. FATHER-IN-LAW (Last, First, Middle)</b> <hr/> Address (City, State, Zip Code) <hr/> <hr/> Name of Firm or Employer <hr/> Address of Employer (City, State, Zip Code) <hr/> <hr/> Date of Birth                      Place of Birth	<b>22. MOTHER-IN-LAW (Last, First, Middle) (Maiden)</b> <hr/> Address (City, State, Zip Code) <hr/> <hr/> Name of Firm or Employer <hr/> Address of Employer (City, State, Zip Code) <hr/> <hr/> Date of Birth                      Place of Birth



**XII. RELATIVES (continued)**

<p><b>23. SPOUSE'S BROTHER (Last, First, Middle)</b></p> <p>Address (City, State, Zip Code)</p> <p>Name of Firm or Employer</p> <p>Address of Employer (City, State, Zip Code)</p> <p>Date of Birth                      Place of Birth</p>	<p><b>24. SPOUSE'S BROTHER (Last, First, Middle)</b></p> <p>Address (City, State, Zip Code)</p> <p>Name of Firm or Employer</p> <p>Address of Employer (City, State, Zip Code)</p> <p>Date of Birth                      Place of Birth</p>
<p><b>25. SPOUSE'S SISTER (Last, First, Middle) (Maiden)</b></p> <p>Address (City, State, Zip Code)</p> <p>Name of Firm or Employer</p> <p>Address of Employer (City, State, Zip Code)</p> <p>Date of Birth                      Place of Birth</p>	<p><b>26. SPOUSE'S SISTER (Last, First, Middle) (Maiden)</b></p> <p>Address (City, State, Zip Code)</p> <p>Name of Firm or Employer</p> <p>Address of Employer (City, State, Zip Code)</p> <p>Date of Birth                      Place of Birth</p>



**XIII. COTENANTS**

List all individuals with whom you have resided in the last 5 years, for a period of 30 days or more. Do not include relatives listed in section XII above (Attach additional sheets if necessary.)

1. Name (Last, First, Middle) (Maiden)	2. Name (Last, First, Middle) (Maiden)
Current Address (City, State, Zip Code)	Current Address (City, State, Zip Code)
Home Telephone Number	Home Telephone Number
Name of Firm or Employer	Name of Firm or Employer
Address of Employer (City, State, Zip Code)	Address of Employer (City, State, Zip Code)
Work Telephone Number	Work Telephone Number
Date of Birth      Place of Birth	Date of Birth      Place of Birth
Dates of Residence    From: (Month, Day, Year)    To: (Month, Day, Year)	Dates of Residence    From: (Month, Day, Year)    To: (Month, Day, Year)

**XIV. CITIZENSHIP OF RELATIVES/COTENANTS**

Are any close relatives or cotenants naturalized or non-United States citizens? ☐ Yes ☐ No If yes, provide the information below. (You do not need to list this information for in-laws unless they currently reside with you). Attach additional pages, if necessary.

Full Name	Name Used When Entering U.S.	Relationship to Applicant	Alien Registration Number	Naturalization Number, Date, and Place of Naturalization (City, State, Zip Code)

**XV. FRIENDS OR ACQUAINTANCES EMPLOYED BY THE FBI**

Full Name	Location	Length of Acquaintance

**XVI. PHYSICAL DATA**

1. Height Without Shoes	3. Persons with a disability who require an accommodation to complete the application process are required to notify the FBI of their need for the accommodation.
2. Weight Without Clothes	



#### XVII. PERSONAL DECLARATIONS

1. Have you used marijuana during the last 3 years? ☐ Yes ☐ No
2. Have you used marijuana more than 15 times? ☐ Yes ☐ No
3. Have you used an illegal drug or combination of illegal drugs, other than marijuana, more than 5 times? ☐ Yes ☐ No
4. Have you used an illegal drug or combination of illegal drugs, other than marijuana, during the last 10 years? ☐ Yes ☐ No
5. Have you used an illegal drug while employed in a law enforcement or prosecutorial position? ☐ Yes ☐ No
6. Have you used an illegal drug while employed in a position of high-level responsibility or public trust? ☐ Yes ☐ No
7. Have you ever sold illegal drugs? ☐ Yes ☐ No If yes, provide details.
8. Do you understand that all prospective FBI employees will be required to submit to a urinalysis for drug abuse prior to employment? ☐ Yes ☐ No
9. List all federal agencies and any state or local law enforcement agencies to which you have applied for employment.
10. Has any organization listed in number 9 above investigated, interviewed, tested, or polygraphed you? If so, indicate the name of the agency and the date and type of pre-screening method.
11. Are you now or have you been a member of a foreign or domestic organization, association, movement, group, or combination of persons that is totalitarian, fascist, communist, or subversive or that has adopted or shows a policy of advocating or approving acts of force or violence to deprive other persons of their rights under the Constitution of the United States or that seeks to alter the form of Government of the United States by unconstitutional means? ☐ Yes ☐ No If yes, provide details.
12. Have you been a member of a foreign intelligence organization, or have you supported or had any connection with its activities? ☐ Yes ☐ No If yes, provide details.
13. All information on this application will be investigated. Are you therefore aware of any information about yourself or anyone with whom you are or have been closely associated (including relatives and roommates) that tends to reflect unfavorably on your reputation, morals, character, abilities, or loyalty to the United States? ☐ Yes ☐ No If yes, provide complete details.

#### XVIII. AVAILABILITY OF APPLICANT

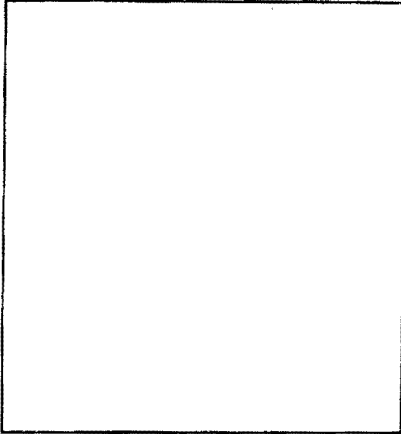
1. Have you previously submitted an application for employment to the FBI? ☐ Yes ☐ No  
Date: \_\_\_\_\_ Position: \_\_\_\_\_
2. Are you willing to relocate to Washington, D.C., or to another duty station at your own expense? ☐ Yes ☐ No
3. If appointed as a Special Agent, do you agree to serve a minimum of 3 years, and do you clearly understand that you must be available for an assignment wherever your services are needed? ☐ Yes ☐ No
4. If applying for a position which duties typically require travel, are you prepared to accept temporary duty assignments anywhere worldwide? ☐ Yes ☐ No
5. What is the earliest date that you would be available for employment?
6. How much notice do you need to report for work?
7. Do you understand that if you are appointed to a support position, you are not assured of an appointment to Special Agent even if you qualify for the position in the future? ☐ Yes ☐ No



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**XIX. PHOTOGRAPH**

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All Applicants - For identification, attach an unmounted full-face photograph of yourself, no larger than 3/4 x 2 1/2 inches. Print your name plainly on the back of the photograph. The photograph must be taken no more than 3 months prior to the date of this application. Please note that this photograph, as well as other materials that you submit, will become the property of the FBI and will not be returned.

---

**ATTENTION - THIS STATEMENT MUST BE SIGNED BY THE APPLICANT**

I understand that I will be required to submit to a pre-employment polygraph examination to assist the Federal Bureau of Investigation in determining my qualifications for a Top Secret Security Clearance and suitability for employment.

I understand that all appointments are probationary for a period of one year, except for Special Agents and Forensic Examiners which have a probationary period of two years, during which time I must demonstrate my fitness for continued employment with the Federal Bureau of Investigation. I understand that, in many parts of the FBI, it has been necessary to establish regular night and midnight shifts, as well as weekend duty, and that I may be required to work such schedules as needs arise. I further understand that any appointment offered to me will be contingent on the results of a complete character and fitness investigation, and I am aware notwithstanding a State Expungement Order concerning criminal history that willfully withholding information or making false statements on this application will be grounds for dismissal from the Federal Bureau of Investigation and constitutes a violation of Section 1001, Title 18 of the U.S. Criminal Code. I agree to these conditions and hereby certify that all of my statements on this application are, to the best of my knowledge, true and complete.

Finally, I understand that as an applicant for employment with the Federal Bureau of Investigation, I have been notified that if I believe I have been discriminated against because of race, color, religion, sex, sexual orientation, national origin, age (must be at least 40 years old) or disability (mental or physical or both), or as a reprisal for previous involvement in the EEO process, I must contact an EEO Counselor at any FBI field office or at FBI Headquarters within 45 calendar days of an alleged discriminatory action. I also understand that if I fail to contact a counselor within 45 days, it is likely that I may forfeit my right to pursue a claim of discrimination.

.....  
Printed Name

.....  
Signature (as usually written, without nicknames)

.....  
Date



## CONTINUATION SHEET FOR FD-140

INSTRUCTIONS: Use this form to continue your answers to Sections II, Residences and IV, Employment. Follow the instructions on the FD-140 and give information in the same sequence. Use as many continuation sheets as needed.

Your Name:	Social Security Number:
------------	-------------------------

## II. RESIDENCES (continued)

Month/Year - Month/Year	Street Address	Apt.#	City (County)	State	Zip Code	Telephone Number ( )
1. to						
Apartment Complex/Landlord		Street Address	Apt.#	City (County)	State	Zip Code
2. to						
Apartment Complex/Landlord		Street Address	Apt.#	City (County)	State	Zip Code
3. to						
Apartment Complex/Landlord		Street Address	Apt.#	City (County)	State	Zip Code
4. to						
Apartment Complex/Landlord		Street Address	Apt.#	City (County)	State	Zip Code
5. to						
Apartment Complex/Landlord		Street Address	Apt.#	City (County)	State	Zip Code
6. to						
Apartment Complex/Landlord		Street Address	Apt.#	City (County)	State	Zip Code
7. to						
Apartment Complex/Landlord		Street Address	Apt.#	City (County)	State	Zip Code

## IV. EMPLOYMENT (continued)

1. Month/Year-Month/Year	Code	Employer/Name/Military Duty Location	Your Position Title/Military Rank
Address of Employment		City (County)	State Zip Code Telephone Number ( )
Immediate Supervisor		Telephone Number of Supervisor	Reason for Leaving
Salary/Earnings		Average No. of Hrs. per week	Level of Security Clearance (if applicable)
Starting \$ _____ per _____ Ending \$ _____ per _____		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Work Description (Describe your specific duties and, if applicable, include all supervisory, managerial, scientific, and professional experience.)			



## Special Agent Interview Form

**Note:** Read verbatim to applicant: "Do you fully realize that willfully withholding information or making false or incomplete statements during this interview will be a basis for dismissal from the FBI and that making a false statement is a violation of Title 18, U.S. Code, Section 1001?"  
 Did applicant acknowledge understanding? ☐ Yes ☐ No  
 Form FD-535 must be executed and attached to this form.

To: Director, FBI

1. Name of applicant (Last, First, Middle) _____		2. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	3. U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Age _____	5. Height (with- out shoes) _____	6. Weight _____
7. Addressee and telephone numbers						
Residence _____				Telephone _____		
Business _____				Telephone _____		
8. Field Office _____	11. Interviewers' Typed Names and Signatures _____			12. Overall Recommendation  <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable		
9. Date _____						
10. Place of Interview _____						
13. Availability (a) Applicant is completely available for general and special assignment wherever and whenever services are needed and is willing to serve a minimum of three years. <input type="checkbox"/> Yes <input type="checkbox"/> No (b) The demanding requirements, including overtime, transfers, etc., have been thoroughly discussed with applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No" explain under item #27.) (c) Is applicant aware of any physical or other problems of any nature involving applicant, family members or members of spouse's family which would preclude acceptance and continuous availability if appointment is offered? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes" explain under item #27.)						
14. (a) Earliest date applicant can report for work _____ (b) Minimum number of days' notice required prior to reporting for work _____						
<b>Miscellaneous</b>						
15. If applicant has not listed a Social Security Number on application, has applicant been advised that if offered appointment applicant should have one when reporting for duty? <input type="checkbox"/> Yes <input type="checkbox"/> No SSAN: _____						
<b>Note:</b> (If the answer to question 17, 18, 19, 20, or 21 is "Yes" secure full details, including pertinent names, dates, and places, and include under item #27 using additional sheets if necessary.)						
16. Does applicant use alcohol? <input type="checkbox"/> No <input type="checkbox"/> Yes To what extent? _____			17. Has applicant or any member of the family ever used drugs of abuse such as heroin, LSD, or marijuana without a doctor's prescription? <input type="checkbox"/> Yes <input type="checkbox"/> No			
18. Has applicant or any member of the family ever suffered from, or been treated for, any form of mental illness, insanity, epilepsy, been mentally retarded, or had psychiatric consultation of any kind? <input type="checkbox"/> Yes <input type="checkbox"/> No If confined, name and address of institution _____					19. Has applicant ever been declared bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Following question should be read verbatim to applicant: "Have you, or any member of your family, ever been sympathetic toward, affiliated in any way with, or a member of the Communist Party, any Communist or Fascist group, any group or doctrine advocating the overthrow of the U.S. Government, any group whose purpose is to deprive persons of their rights under the Constitution of the U.S. or any group or doctrine which could be construed as being subversive, opposed to the best interests of the U.S., in favor of, or controlled by, a foreign power?" Applicant's answer: <input type="checkbox"/> Yes <input type="checkbox"/> No						
21. Is applicant aware of any incident or information concerning himself or a relative which might tend to reflect unfavorably upon the applicant's reputation, morals, character, ability or loyalty to the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No						
22. (a) Drives automobile <input type="checkbox"/> Yes <input type="checkbox"/> No; has valid license in State(s) of _____ (b) Does applicant have any physical defects, including any which would preclude unrestricted, regular participation in all phases of Bureau's firearms training, physical training, and defensive tactics? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes" explain under item #27.) (c) Has applicant in the past or does applicant now participate in any athletic activities, such as golf, basketball, tennis, etc.,? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes" explain under item #27.)						
23. Reserve obligation of applicant (Amplify under item #27.) <input type="checkbox"/> None <input type="checkbox"/> Ready <input type="checkbox"/> Standby <input type="checkbox"/> Retired						
(a) What is duration of applicant's obligated service? _____						
(b) Does applicant actively participate in camps, drills, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(c) Is applicant interested in more active participation? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(d) If applicant had an option to resign, would applicant do so? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(e) What is applicant's Military Occupational Specialty (MOS)? _____ MOS# _____						

## For FBIHQ Use Only

Action: (For FBIHQ use only)

Routers Block



24. Photograph: Is photograph a good likeness? ☐ Yes ☐ No (If "No" explain under item # 27.)

25. How did applicant become interested in Bureau employment, i.e., career days, Bureau acquaintances, friends, relatives, etc.?

26. Dimension Profile Scores: (Circle Number)

Initial Impact - Create a good first impression, commands attention and respect in situations where little time is available for building an extensive relationship.

0 1 2 3 4 5

Oral Communication - Verbal skill, including clarity, tone, grammar, rate, organization, inflection. This dimension includes only the verbal aspects of effective communication.

0 1 2 3 4 5

Current Events - Knowledge of local, state, national and international events.

0 1 2 3 4 5

Resourcefulness - Degree to which applicant produces new/original ideas or products, and acts in creative and effective ways.

0 1 2 3 4 5

Range of Interest - Degree to which applicant is knowledgeable about and interested in a variety of non-work activities.

0 1 2 3 4 5

Interest/Motivation to Become an FBI Agent - Degree to which applicant shows desire and preparation to become a Special Agent.

0 1 2 3 4 5

Accomplishments - Extent to which applicant produced significant achievements in school, personal life, and/or work.

0 1 2 3 4 5

Overall Impression - Acts in a way to produce a favorable impression throughout the interview; includes persuasiveness, appearance, composure, poise. This is your general impression of the applicant throughout the interview.

0 1 2 3 4 5

## 27. Summary of Interview Observations (Narrative)

Ensure that all information included on Application, Background Information Form or developed during interview which may be of a derogatory nature or requires consideration or resolution is commented upon in your write-up. Set forth the applicant's behavioral responses to support your rating on each of the eight dimensions as well as your overall recommendation. (Use supplemental sheets if necessary.)



<b>To:</b>	<b>Date:</b>			
<b>From:</b>				
<b>Name of Employee</b>	<b>EOD Date</b>	<b>Title</b>		
<b>Cease-active-duty Date (hour and last day physically at work)</b>	<b>Working Hours (Include workweek if other than Monday-Friday)</b>			
<b>Interview Conducted By: (Signature)</b>		<b>Title:</b>		
<p><b>Read Before Interviewing</b> <b>Purposes:</b> Serves as a basis for (1) information supplied by Bureau upon request by State Unemployment Compensation Boards, (2) accurate analysis of turnover, (3) determining necessary or desirable organizational improvements, and (4) permitting a recorded recommendation regarding future reinstatement (5) and ensuring the return of government property. <b>When and Where Conducted:</b> As promptly as possible after receipt of resignation in adequate privacy with adequate time. <b>Reasons Given for Separation:</b> The reason that the employee documented on the SF-52, and the electronic entry of same into BPMS, should be placed in only one corresponding category of reason.</p> <table style="width: 100%;"><tr><td style="width: 50%; vertical-align: top;">01 <input type="checkbox"/> Resignation Retirements: 02 <input type="checkbox"/> Optional 03 <input type="checkbox"/> Mandatory 04 <input type="checkbox"/> Disability 05 <input type="checkbox"/> Discontinued Service</td><td style="width: 50%; vertical-align: top;">06 <input type="checkbox"/> Military 07 <input type="checkbox"/> Maternity 08 <input type="checkbox"/> Reduction-in-Force (RIF) 09 <input type="checkbox"/> Other Federal Agency (Complete A listed below) 10 <input type="checkbox"/> Removal 11 <input type="checkbox"/> Other _____</td></tr></table>			01 <input type="checkbox"/> Resignation Retirements: 02 <input type="checkbox"/> Optional 03 <input type="checkbox"/> Mandatory 04 <input type="checkbox"/> Disability 05 <input type="checkbox"/> Discontinued Service	06 <input type="checkbox"/> Military 07 <input type="checkbox"/> Maternity 08 <input type="checkbox"/> Reduction-in-Force (RIF) 09 <input type="checkbox"/> Other Federal Agency (Complete A listed below) 10 <input type="checkbox"/> Removal 11 <input type="checkbox"/> Other _____
01 <input type="checkbox"/> Resignation Retirements: 02 <input type="checkbox"/> Optional 03 <input type="checkbox"/> Mandatory 04 <input type="checkbox"/> Disability 05 <input type="checkbox"/> Discontinued Service	06 <input type="checkbox"/> Military 07 <input type="checkbox"/> Maternity 08 <input type="checkbox"/> Reduction-in-Force (RIF) 09 <input type="checkbox"/> Other Federal Agency (Complete A listed below) 10 <input type="checkbox"/> Removal 11 <input type="checkbox"/> Other _____			
<p><b>A. Comments:</b> If employee is transferring to another federal government agency, state what agency transferring to, the address, and when employment will begin on the back of the form SF-52, Request for Personnel Action.</p> <p><b>B. Employee was advised by interviewing official that employment information beyond name, past and present positions, titles, grades, salaries, duty stations, and reason for separation as shown on the Notification of Personnel Action may be disseminated if a prospective employer is a Federal Agency or a state or local agency within the criminal justice community, without the written consent of the employee.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>C. 1. Did employee violate terms under transfer agreement, 3-34b</b> <input type="checkbox"/> Yes <input type="checkbox"/> No; <b>Foreign Assignment, FD-382</b> <input type="checkbox"/> Yes <input type="checkbox"/> No; <b>Government Employees' Training Act</b> <input type="checkbox"/> Yes <input type="checkbox"/> No; <b>Transportation Expense Agreement, 3-591?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>2. Did employee resign prior to expiration of any agreement made not covered in #1, such as to remain a specific period following initial appointment or following special training?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, specify agreement(s) involved and explain.</b> <b>3. If support employee, did employee resign within 182 days of entrance on duty owing advanced salary?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>4. If answer to either question 1, 2, or 3 above is "Yes" and/or employee has advanced leave:</b> <b>a.</b> <input type="checkbox"/> Will the employee be indebted to the U.S. government? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes: How does employee intend to discharge this debt?</b> <b>b.</b> <input type="checkbox"/> Advise employee that interest can be charged on overdue payments at the current Treasury rate. <b>c.</b> <input type="checkbox"/> Advise employee any money due will be held in abeyance until determination is made as to any indebtedness.</p> <p><b>D. Employee has been advised concerning Post-Employment Restrictions in the Ethics Reform Act of 1989, as detailed in Part I, Section 1-1 (11) of the Manual of Administrative Operations and Procedures.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>(If No, explain why.)</b></p> <p><b>E. Employee has been afforded a debriefing by his/her respective Security Officer.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>(If No, explain why.)</b></p> <p><b>F. All documents made or received while in the FBI's service will be collected on date employee ceases active duty (exceptions: Commendations, censure or promotion letters or copies of expense vouchers, etc.)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>G. If employee is resigning for maternity purposes, appropriate block must be marked:</b> <input type="checkbox"/> Even though the employee may be incapacitated for duty following the cease-active-duty date, she is not entitled to a lump sum payment for sick leave. <input type="checkbox"/> Doctor's certificate attached indicating (1) employee is incapacitated for duty after indicated cease-active-duty date, and (2) expected date of confinement. <input type="checkbox"/> Doctor's certificate attached indicating employee can safely continue working until date specified. <b>(Applicable to those cases where the employee desires to work up to less than 6 weeks before expected date of delivery.)</b></p> <p><b>H. Was employee advised that any inquiries concerning his/her FBI employment should be directed to FBI, JEH Building, 935 Pennsylvania Ave., N. W. Washington, D.C. 20535, as such information is not available elsewhere?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>I. Was retiring employee (including approved disability retirements) advised that his/her credentials/identification card and SA badge will be mounted on a retirement plaque and forwarded to him/her?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Property to be mounted on the plaque should be forwarded to FBIHQ, Retirement Office, Room 1829.</b></p>				



- J. For Special Agents Only: Employee was presented with Form FD-755 regarding release of personal information. ☐ Yes ☐ No (If no, explain why.)
- K. For Resigning Employees Only: Does employee understand that favorable consideration may not be given for reinstatement unless reason(s) for resigning were compelling and beyond employee's control? ☐ Yes ☐ No
- L. For Resigning Employees Only: Employee was presented with the Standard Form 8, "Notice to Federal Employee About Unemployment Insurance", at this time. ☐ Yes ☐ No (If no, explain why.)
- M. (1) Reports from the Property Management Application have been reviewed and all property listed for the employee will be collected on the last day of employment, ☐ Yes ☐ No (If No, explain why.) (2) Reports from the Bureau Personnel Management System/Issued Personal Property Subsystem will be reviewed and all property will be returned on the last day of employment, ☐ Yes ☐ No. (If no, explain why.) (3) All other automated and manual records will be reviewed for property charged to the employee and all property will be returned, ☐ Yes ☐ No. (If no, explain why.) (4) Documentation has been verified that all firearms issued to the employee will be retrieved and returned to the Training Division, Weapons Management Facility upon separation.
- N. Recommendation re reinstatement: ☐ Yes ☐ No. (If no, explain why.)

Please have employee read and sign items 1, 2, 3, and 4, if applicable; however, if resignation tendered during personnel action inquiry, advise employee of the Bureau's procedures for employee discipline and have employee sign items 1, 2, 3, 4, and 5.

1. I understand that this is a voluntary resignation and, as such, may under applicable law, disqualify me totally or in part from receiving unemployment compensation.

\_\_\_\_\_  
Signature

2. I hereby waive my rights under the Privacy Act of 1974, 5 United States Code 552a, and authorize the FBI to release to any state unemployment compensation commission, or other such governmental agency, information from my personnel records concerning my separation from duty for the limited purpose of providing information to that agency so that it might assess my qualification for unemployment compensation.

\_\_\_\_\_  
Signature

3. For resignations only: I understand that I have two options regarding my health benefits coverage. (Employees who are retiring from FBI service will be advised by the Retirement Office of their options into retirement.) The first option is that after my 31 days of free coverage have ended, I may convert my health coverage to an individual plan with no waiting period for benefits. The other option is that I may continue my health benefits coverage by paying the employee share and the government share of the premium, plus an additional two percent administrative fee. Further information regarding continuation of health benefits may be obtained by calling the Employee Benefits Unit (EBU), FBIHQ, (202) 324-3771. This request must be received by EBU within 60 days after separation from the Bureau.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

4. I understand that Federal Law prohibits former government employees from retaining government property, including classified and/or sensitive information, firearms and other property issued to me while I was an employee of the FBI. I understand that I may be prosecuted for possession of classified information, (as defined in MIOG, Part II, Section 35-12 (13) and (63)). I further understand that pursuant to 41 CFR 128-51, I may be subject to financial recovery action for lost or stolen government property which was assigned to me. I affirm that I have returned all classified and/or sensitive information and government property that was in my custody as an FBI employee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

5. I understand that I am the subject of a personnel action inquiry. Depending on the outcome of this inquiry, my position with the FBI could be terminated. I have been advised of and understand the Bureau's procedures for employee discipline and that these procedures in certain cases allow me the opportunity to respond to any allegations and/or changes. Also, I understand that these procedures allow me in certain cases to demonstrate any facts tending to mitigate my actions. I fully understand that it is not at all certain, at this time, that I will be dismissed. Nevertheless, I am hereby voluntarily resigning, and, therefore, freely giving up the opportunities provided by the FBI's disciplinary procedures.

\_\_\_\_\_  
Signature

#### GENERAL

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals supplying information for completion of the Report of Exit and Separation Form.

#### AUTHORITY

Title 28, Code of Federal Regulations, Section 0.137, authorizes the Director of the FBI to exercise power and authority vested in the Attorney General by law to take final action in matters pertaining to the employment, direction and general administration of personnel in the FBI.

#### PURPOSES AND USES

Information concerning your reason for leaving the FBI will be placed on your final Notification of Personnel Action and will be furnished to prospective employers upon their request. This information may also be used to determine your suitability for reinstatement in the FBI should you apply for reemployment.

#### EFFECTS OF NONDISCLOSURE

Disclosure of the information requested is voluntary; however, failure to supply the information may result in no reason being given for your separation from the FBI on your Notification of Personnel Action and/or your not being considered favorably for reinstatement.





U.S. Department of Justice

**Federal Bureau of Investigation**

*Washington, D.C. 20535*

February 13, 2004

Request No.: 0989860- 000  
Subject: FORMS/21 SPECIFIC

This letter is in reference to the Freedom of Information-Privacy Acts (FOIPA) request submitted by you to the FBI. The enclosed file is being furnished to you in its entirety. No deletions in this material were found to be necessary.

If you desire, you may appeal any decisions reflected herein. Appeals should be directed in writing to the Co-Director, Office of Information and Privacy, United States Department of Justice, Flag Building, Suite 570, Washington, D.C. 20530, within sixty days from receipt of this letter. The envelope and the letter should be marked "Freedom of Information Appeal" or "Information Appeal." Please cite the FOIPA number assigned to your request so that it may be easily identified.

Sincerely yours,

A handwritten signature in black ink, appearing to read "D. Hardy", is written over the signature line.

David M. Hardy  
Section Chief  
Record/Information  
Dissemination Section  
Records Management Division



Inventory Worksheet  
ID 503 (Rev 10 18 94)

File No \_\_\_\_\_

**Re:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
(Month/Year)

[illegible]



## Accomplishment Report

(Accomplishment must be reported and loaded into ISRAA  
within 30 days from date of accomplishment)

Date Prepared \_\_\_\_\_

Date Loaded \_\_\_\_\_

Data Loader's Initials \_\_\_\_\_

Squad supervisor approval  
(please initial)

Accomplishment involves (check all that apply)	
Drugs	<input type="checkbox"/>
A Fugitive	<input type="checkbox"/>
Bankruptcy Fraud	<input type="checkbox"/>
Computer Fraud/Abuse	<input type="checkbox"/>
Corruption of Public Officials	<input type="checkbox"/>
Money Laundering	<input type="checkbox"/>
Sub Invest Asst by FO (s)	<input type="checkbox"/>

Asst FO(s) \_\_\_\_\_  
A, B, C, D

Task Force

Assisting Agencies x \*

File Number

Stat Agent Soc Sec No

Stat Agent Name

RA Squad

Assisting Agents Soc Sec No x

1 - -

Name

2 - -

Name

Investigative Assistance or Technique Used											
1 - Used, but did not help				3 - Helped, substantially							
2 - Helped, minimally				4 - Absolutely essential							
For Sub Invest Assist by other FO (s) indicate A,B,C,D for corresponding FO											
Rate	FO	IAT	Rate	FO	IAT	Rate	FO	IAT	Rate	FO	IAT
	Fin Analyst			Lab Div Exam			UCO - Group I			Pt Mon - ITC	
	Aircraft Asst			Lab Field Sup			UCO - Group II			For Lang Asst	
	Computer			Pen Registers			UCO - Nat Back			Non FBI Lab Ex	
	Consen Mon			Photo Cover			NCAVC / VI CAP			Vict Wtn Coor	
	Elsur / FISC			Polygraph			Crim/NS Intel Asst			IO Wanted Flyer	
	Elsur / T III			Search Warrant			Crisis Neg - Fed			SARs	
	Eng Field Spl			Show Money			Crisis Neg - Local			CART	
	Eng Tape Ex			SOG Asst			ERT Asst			Asset Fort Prog	
	Legats Asst			Swat Team			Butte - ITC			Fort Support Prog	
	Evid Purchase			Tech Ag/Equip			Sav - ITC				
	Int/CW Info			Phone Toll Rec			Poc - ITC				

**A Complaint / Information / Indictment**

☐ Federal ☐ Local ☐ International

Complaint Date \_\_\_\_\_

Check if Civil Rico Complaint ☐

Information Date \_\_\_\_\_

Indictment Date \_\_\_\_\_

**B Locate/ Arrest**

☐ Federal ☐ Local ☐ International

Subject Priority ☐ A ☐ B ☐ C

Locate Date \_\_\_\_\_

Arrest Date \_\_\_\_\_

☐ Subject Resisted Arrest

☐ Subject Arrested was Armed

**C Summons Date**

☐ Federal ☐ Local

**D Recovery/Restitution/PELP X**

☐ Federal ☐ Local ☐ International

Recovery Date \_\_\_\_\_

Code \* \_\_\_\_\_ Amount \$ \_\_\_\_\_

Code \* \_\_\_\_\_ Amount \$ \_\_\_\_\_

Restitution Date \_\_\_\_\_

☐ Court Ordered ☐ Pretrial Diversion

Code \* \_\_\_\_\_ Amount \$ \_\_\_\_\_

PELP Date \_\_\_\_\_

Code \* \_\_\_\_\_ Amount \$ \_\_\_\_\_

**E Hostage(s) Released Date**

Released by ☐ Terrorist ☐ Other

Number of Hostages \_\_\_\_\_

**F Conviction**

☐ Federal ☐ Local ☐ International

Conviction Date \_\_\_\_\_

Subject Description Code \_\_\_\_\_ \* ( ) \*

For 6F, G, H-Include Agency Code

☐ Felony or ☐ Misdemeanor

☐ Plea or ☐ Trial

State \_\_\_\_\_ Judicial District \_\_\_\_\_

**G U S Code Violation**

Required for sections A,B,F, and J  
(Federal Only)

Title	Section	# Counts
_____	_____	_____
_____	_____	_____
_____	_____	_____

**H Sentence Date**

Sentence Type \_\_\_\_\_ \*

In Jail Years \_\_\_\_\_ Months \_\_\_\_\_

Suspended Years \_\_\_\_\_ Months \_\_\_\_\_

Probation Years \_\_\_\_\_ Months \_\_\_\_\_

Fines \$ \_\_\_\_\_

**I Disruption/Dismantlement ✓**

Disruption Date \_\_\_\_\_

Dismantlement Date \_\_\_\_\_

Completion of FD-515a Side 2 Mandatory

**J Civil Rico Matters Date** \_\_\_\_\_

Also Complete "Section G"

Other Civil Matters Date \_\_\_\_\_

Judgment \_\_\_\_\_ \*

Judicial Outcome \_\_\_\_\_ \*

Amount \$ \_\_\_\_\_

Suspension Years \_\_\_\_\_ Months \_\_\_\_\_

**K Administrative Sanction Date** \_\_\_\_\_

Subject Description Code \_\_\_\_\_ \*

Type \_\_\_\_\_ Length \_\_\_\_\_

☐ Suspension ☐ Permanent

☐ Debarment or

☐ Injunction Year \_\_\_\_\_ Months \_\_\_\_\_

**L Asset Seizure Date**

Asset Forfeiture Date \_\_\_\_\_

CATS # Mandatory \_\_\_\_\_

Circle below one of the three asset forfeiture  
Admin, Civil Judicial, or Criminal

Do not indicate \$ value in Section D

**M Acquittal/Dismissal/Pretrial Diversion**

(circle one) Date \_\_\_\_\_

**N Drug Seizures ✓ Date** \_\_\_\_\_

Drug Code \* \_\_\_\_\_

Weight \_\_\_\_\_ Code \* \_\_\_\_\_

FDIN \_\_\_\_\_

Do not indicate \$ value in Section D

**O Child Victim Information**

Child located/identified Date \_\_\_\_\_

☐ Living ☐ Deceased

**P Subject Information - Required for all blocks excluding block D (Recovery/PELP), blocks E, I, L, and N**

Name	Race *	Sex	Date of Birth	Social Security No (if available)
_____	_____	_____	_____	_____

For Indictments/Convictions only

☐ Subject related to an LCN Asian Organized Crime (AOC) Italian Organized Crime (IOC) Russian/Eastern European, Caribbean or Nigerian Organized Crime Group  
Complete FD 515a Side 1 Blocks A-E mandatory F-H as appropriate

☐ Subject related to an OC/Drug Organization, a VCMO Program National Gang Strategy target group or a VCMO Program National Priority Initiative target group -  
Complete FD 515a, Side 1 Blocks A-C only

Serial No of FD-515

x Additional information may be added by attaching another form or a plain sheet of paper for additional entries

\* See codes on reverse side

✓ Requires that an explanation be attached and loaded into ISRAA for recovery over \$1m and PELP over \$5, disruption, dismantlement and drug seizures



For Further Instructions See MAOP, Part II, Sections 3-5 thru 3-5.3

#### PROPERTY CODES

01 Cash  
02 Stocks, Bonds or Negot. Instruments  
03 General Retail Merchandise  
04 Vehicles  
05 Heavy Machinery & Equipment  
06 Aircraft  
07 Jewelry  
08 Vessels  
09 Art, Antiques or Rare Collections  
11 Real Property  
20 All Other

#### SENTENCE TYPES

CP Capital Punishment  
JS Jail Sentence  
LP Life Parole  
LS Life Sentence  
NS No Sentence (Subject is a Fugitive, Insane has Died or is a Corporation)  
PB Probation  
SJ Suspension of Jail Sentence  
YC Youth Correction Act

#### PELP CODES

22 Counterfeit  
Stocks/Bonds/Currency/  
Negotiable Instruments  
23 Counterfeit/Pirated Sound  
Recordings or Motion Pictures  
24 Bank Theft Scheme Aborted  
25 Ransom Extortion or Bribe  
Demand Aborted  
26 Theft From or Fraud Against  
Government Scheme Aborted  
27 Commercial or Industrial  
Theft Scheme Aborted  
30 All Other

#### RACE CODES

A Asian/Pacific Islander  
B Black  
I Indian/American  
U Unknown  
W White  
X Nonindividual

#### AGENCY CODES

AFOIS Air Force Office of Special Investigations  
ACIS Army Criminal Investigative Service  
BATEF Bureau of Alcohol, Tobacco & Firearms  
BIA Bureau of Indian Affairs  
DCAA Defense Contract Audit Agency  
DCIS Defense Criminal Investigative Service  
DEA Drug Enforcement Administration  
DOC Department of Corrections  
DOI Dept. of Interior  
EPA Environmental Protection Agency  
FAA Federal Aviation Administration  
FDA Food and Drug Administration  
HHS Dept. of Health & Human Services  
HUD Dept. of Housing & Urban Development  
INS Immigration and Naturalization Service  
IRS Internal Revenue Service  
NASA Nat'l Aeronautics & Space Admin.  
NBIS Nat'l NARC Border Interdiction  
NCIS Naval Criminal Investigative Service  
RCMP Royal Canadian Mounted Police  
SBA Small Business Administration  
UNBP U.S. Border Patrol  
USCG U.S. Coast Guard  
USCS U.S. Customs Service  
USDS U.S. Department of State  
USMS U.S. Marshals Service  
USPS U.S. Postal Service  
USSS U.S. Secret Service  
USTR U.S. Treasury  
LOC Local  
CITY City  
COUNTY County  
ST State  
OTHER Other

#### JUDGMENT CODES

CJ Consent Judgment  
CO Court Ordered Settlement  
DF Default Judgment  
DI Dismissal  
JN Judgment Notwithstanding  
MV Mixed Verdict  
SJ Summary Judgment  
VD Verdict for Defendant  
VP Verdict for Plaintiff

#### JUDICIAL OUTCOME

AG Agreement  
BR Barred/Removed  
CC Civil Contempt  
DC Disciplinary Charges  
FI Fine  
PI Preliminary Injunction  
PR Temporary Restraining Order  
PS Pre-filing Settlement  
RN Resitution  
SP Suspension  
VR Voluntary Resignation  
OT Other

#### DRUG CODES

COC Cocaine  
HER Heroin  
HSH Hashish  
KAT Khat  
LSD LSD  
MAR Marijuana  
MDM Methylenedioxymethamphetamine  
MET Methamphetamine  
MOR Morphine  
OPM Opium  
OTD Other drugs

#### DRUG WEIGHT CODES

GM Gram(s)  
KG Kilogram(s)  
L Liter(s)  
ML Milliliter(s)  
P Plant(s)  
DU Dosage Unit(s)

#### SUBJECT DESCRIPTION CODES

#### ORGANIZED CRIME SUBJECTS

IF Boss  
IG Underboss  
IH Consigliere  
IJ Acting Boss  
IK Capodecina  
IL Soldier

#### KNOWN CRIMINALS

2A Top Ten or 10 Fugitive  
2B Top Thief  
2C Top Con Man

#### FOREIGN NATIONALS

3A Legal Alien  
3B Illegal Alien  
3C Foreign Official W/out  
Diplomatic Immunity  
3D U.N. Employee W/out  
Diplomatic Immunity  
3E Foreign Student  
3F All Others

#### TERRORISTS

4A Known Member of a  
Terrorist Organization  
4B Possible Terrorist Member  
or Sympathizer

#### UNION MEMBERS

SD President  
SE Vice President  
SF Treasurer  
SG Secretary/Treasurer  
SH Executive Board Member  
SI Business Agent  
SJ Representative  
SK Organizer  
SL Business Manager  
SM Financial Secretary  
SN Recording Secretary  
SP Office Manager  
SQ Clerk  
SR Shop Steward  
SS Member  
ST Trustee  
SU Other

#### GOVERNMENT SUBJECTS (6F, 6G, 6H - Include Agency Code)

6A Presidential Appointee  
6B U.S. Senator/Staff  
6C U.S. Representative/Staff  
6D Federal Judge/Magistrate  
6E Federal Prosecutor  
6F Federal Law Enforcement Officer  
6G Federal Employee GS 13 & Above  
6H Federal Employee GS 12 & Below  
6J Governor  
6K Lt. Governor  
6L State Legislator  
6M State Judge/Magistrate  
6N State Prosecutor

#### Continuation of GOVERNMENT SUBJECTS

6S Local Legislator  
6T Local Judge/Magistrate  
6U Local Prosecutor  
6V Local Law Enforcement Officer  
6W 6P  
State Law Enforcement Officer  
6Q State All Others  
6R Mayor/Local All Others  
6X County Commissioner  
6Y City Councilman

#### BANK EMPLOYEES

7A Bank Officer  
7B Bank Employee

#### OTHERS

8A All Other Subjects  
8B Company or Corporation

#### CHILD PREDATORS

9A Child Care provider  
9B Clergy  
9C Athletic Coach  
9D Teacher/Aide  
9E Law Enforcement Personnel  
9F Counselor  
9G Relative  
9H Stranger  
9I Other



## Supplemental Page to the Accomplishment Report (FD-515)

## For Indictments/Convictions only

Subject related to an LCN, Asian Organized Crime, Italian Organized Crime, Russian/Eastern European, Caribbean, or Nigerian Organized Crime Group-  
Complete FD-515a, Side 1 Blocks A-E mandatory, F-H as appropriate

Subject related to an OC/Drug Organization, a VCMO Program National Gang Strategy target group, or a VCMO Program National Priority Initiative target group-  
Complete FD-515a, Side 1 Blocks A-C only

A. Name of Subject \_\_\_\_\_ B. Field Office \_\_\_\_\_ Field Office File No \_\_\_\_\_

C. Role ☐ Leadership (L) ☐ Member (M)  
☐ Associate (A) ☐ Other (O)

## D. Criminal Activity - Indicate the primary criminal activity which resulted in the reported indictment and/or conviction (Indicate only one activity)

☐ Labor Racketeering (LR) (See Section F and H if applicable) ☐ Extortion (EX)  
☐ Corruption (CR) (See Section G if applicable) ☐ Loansharking (LS)  
☐ Illegal Gambling (IG) ☐ Drugs (DR)  
☐ Other (OT), specify \_\_\_\_\_

## E. Organized Criminal Group

1 LCN ☐ Member (MEM) ☐ Associate (ASO)  
☐ BF ☐ KC ☐ NO ☐ NY-Luchese (LU) ☐ RC-Rochester  
☐ CG ☐ LA ☐ NY-Bonanno (BO) ☐ PH ☐ SF  
☐ CV ☐ MW ☐ NY-Colombo (CO) ☐ PX ☐ SO-San Jose  
☐ DN ☐ NK-De Cavalcante ☐ NY-Gambino (GA) ☐ PG ☐ SL  
☐ DE ☐ NE-New England-Patriarca ☐ NY-Genovese (GE) ☐ PI-Pittston-Buflino ☐ TP

## Position

☐ Boss (1F) ☐ Consigliere (1H) ☐ Capo (1K)  
☐ Underboss (1G) ☐ Acting Boss (1J) ☐ Soldier (1L)

2 Other Non-LCN OC Groups, specify \_\_\_\_\_ ☐ Member (M) ☐ Associate (A)

## F. Business Influenced/Affected (If applicable) Indicate below if the subject's criminal activity influenced or affected a particular trade or industry

☐ Toxic Waste (TW) ☐ Building Trades (BT) ☐ Entertainment (ET) ☐ Hotel/Restaurant (HR)  
☐ Carting (CR) ☐ Meat/Poultry/Fish (MT) ☐ Garment (GR)  
☐ Vending (VN) ☐ Shipping (SH) ☐ Trucking/Trans (TT)  
☐ Other (OT) specify \_\_\_\_\_

Name of company subject connected with \_\_\_\_\_

## G. Elected/Appointed Public Officials - Complete if subject was a public official at time of indictment and/or conviction. Indicate one from each category

Level - ☐ Federal (FD) ☐ State (ST) ☐ Local (LO)  
 Branch - ☐ Executive (EX) ☐ Legislative (LE) ☐ Judicial (JD)

## Position/Title

☐ Governor (6J) ☐ Mayor (6R) ☐ City (6Y) ☐ House of Rep/Staff (6C) ☐ Prosecutor (6E), (6N), (6U)  
☐ Lt Governor (6K) ☐ County Comm (6X) ☐ Senator/Staff (6B) ☐ Judge/Magistrate (6D), (6M), (6T) ☐ Law Enforcement Officer (6F), (6P), (6V)  
☐ Other (6Q), (6W), specify \_\_\_\_\_

## H. Union Members or Officials - If the subject was a Union member or official at the time of indictment and/or conviction, indicate the highest position the subject held/holds in the Union and the Union's name

Name of Union \_\_\_\_\_

## Union Affiliation

☐ Teamsters (TM) ☐ Hotel and Restaurant Employee (HR) ☐ Laborers International (LI) ☐ Longshoremen Association (LA)

☐ Other (OT), specify \_\_\_\_\_

Level - ☐ International (IN) ☐ Conference (CF) ☐ Council (CN) ☐ Local (LC) -Local No \_\_\_\_\_

## Position

☐ Pres (5D) ☐ Sec/Treas (5G) ☐ Repr (5J) ☐ Fin Sec (5M) ☐ Clerk (5Q) ☐ Trustee (5T)  
☐ Vice Pres (5E) ☐ Ex Brd Memb (5H) ☐ Orgzr (5K) ☐ Rec Sec (5N) ☐ Shop Stew (5R)  
☐ Tres (5F) ☐ Bus Agt (5I) ☐ Bus Mgr (5L) ☐ Off Mgr (5P) ☐ Memb (5S)  
☐ Other (5U), specify \_\_\_\_\_



# DISRUPTION OR DISMANTLEMENT OF AN ORGANIZATION

## Supplemental Page to the Accomplishment Report (FD-515)

*This supplemental page is **ONLY** required with the FD-515 when a field office is claiming either a disruption or dismantlement of an organization*

### A Definitions

An **organization** is a group of individuals with an identified hierarchy engaged in significant criminal activity. These organizations often engage in multiple criminal enterprises and have extensive supporting networks.

A **disruption** occurs when the usual operation of an identified organization is significantly impacted so that it is temporarily unable to conduct criminal operations **for a significant period of time**. This disruption must be the result of an affirmative law enforcement action, including, but not limited to, an arrest, indictment, or conviction of the organization's leadership, or a substantial seizure of the organization's assets.

A **dismantlement** occurs when an identified organization is incapacitated to the point that it is no longer capable of operating as a coordinated criminal enterprise. The dismantlement must be the result of an affirmative law enforcement action, including, but not limited to, the arrest, indictment and conviction of all or most of its principal leadership, the elimination of its criminal enterprises and supporting networks, and the seizure of its assets. **The organization must be impacted to the extent that it is incapable of re-forming with its original ability to conduct criminal activity.**

### B Reporting limitations

More than one organization may be investigated under the same file number, however, each organization must be individually identified. **An organization can only be dismantled once.** A dismantled organization cannot subsequently be disrupted. An organization cannot be disrupted more than once on the same day. An affirmative law enforcement action resulting in multiple arrests, seizures, indictments, or convictions of an organization's members should be reported as one disruption or one dismantlement of that organization, depending on the impact on the organization.

### C Identity of organization

☐ Disrupted ☐ Dismantled

The organization must be identified by a specific name, which may be the proper name of the organization's leader or the organization's identifying title. The organization's name must not describe a specific geographic region. After the organization has been named, the same name must be used each time a disruption or dismantlement is claimed.

### D Identify the scope of the organization disrupted or dismantled

☐ International (I) ☐ National (N) ☐ Regional (R) ☐ Local (L)

E Describe the event(s) and how they disrupted or dismantled the targeted organization. For a claim of disruption or dismantlement, an affirmative law enforcement action must impact the organization, not just an individual. Simply listing individuals arrested, indicted or convicted, property seized, assets forfeited, etc., is not sufficient. **A concise narrative describing the relevant affirmative law enforcement action AND the resulting impact on the organization must accompany each disruption and each dismantlement.**



**UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
Receipt for Property Received/Returned/Released/Seized**

File # \_\_\_\_\_

On (date) \_\_\_\_\_

item(s) listed below were

- ☐ Received From  
☐ Returned To  
☐ Released To  
☐ Seized

(Name) \_\_\_\_\_

(Street Address) \_\_\_\_\_

(City) \_\_\_\_\_

**Description of Item(s)** \_\_\_\_\_

Received By: \_\_\_\_\_  
(Signature)

Received From: \_\_\_\_\_  
(Signature)



(Copies to Offices Checked)

TO ☐ Director, FBI Att Document Classification Section  
☐ SAC,

This form is ☐ Top Secret ☐ Secret ☐ Confidential ☐ Unclassified

<input type="checkbox"/> Albany	<input type="checkbox"/> Indianapolis	<input type="checkbox"/> Oklahoma City
<input type="checkbox"/> Albuquerque	<input type="checkbox"/> Jackson	<input type="checkbox"/> Omaha
<input type="checkbox"/> Anchorage	<input type="checkbox"/> Jacksonville	<input type="checkbox"/> Philadelphia
<input type="checkbox"/> Atlanta	<input type="checkbox"/> Kansas City	<input type="checkbox"/> Phoenix
<input type="checkbox"/> Baltimore	<input type="checkbox"/> Knoxville	<input type="checkbox"/> Pittsburgh
<input type="checkbox"/> Birmingham	<input type="checkbox"/> Las Vegas	<input type="checkbox"/> Portland
<input type="checkbox"/> Boston	<input type="checkbox"/> Little Rock	<input type="checkbox"/> Richmond
<input type="checkbox"/> Buffalo	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> Sacramento
<input type="checkbox"/> Charlotte	<input type="checkbox"/> Louisville	<input type="checkbox"/> St. Louis
<input type="checkbox"/> Chicago	<input type="checkbox"/> Memphis	<input type="checkbox"/> Salt Lake City
<input type="checkbox"/> Cincinnati	<input type="checkbox"/> Miami	<input type="checkbox"/> San Antonio
<input type="checkbox"/> Cleveland	<input type="checkbox"/> Milwaukee	<input type="checkbox"/> San Diego
<input type="checkbox"/> Columbia	<input type="checkbox"/> Minneapolis	<input type="checkbox"/> San Francisco
<input type="checkbox"/> Dallas	<input type="checkbox"/> Mobile	<input type="checkbox"/> San Juan
<input type="checkbox"/> Denver	<input type="checkbox"/> Newark	<input type="checkbox"/> Seattle
<input type="checkbox"/> Detroit	<input type="checkbox"/> New Haven	<input type="checkbox"/> Springfield
<input type="checkbox"/> El Paso	<input type="checkbox"/> New Orleans	<input type="checkbox"/> Tampa
<input type="checkbox"/> Honolulu	<input type="checkbox"/> New York City	<input type="checkbox"/> Washington
<input type="checkbox"/> Houston	<input type="checkbox"/> Norfolk	<input type="checkbox"/> Metropolitan Field
<input type="checkbox"/> ASAC Brooklyn Queens (MRA)	<input type="checkbox"/> Quantico	

Counting of Paragraphs

Reference counted as first para, last para on page continued to next page counted on first page only, page beginning with continued para -first full para counted as para one para followed by ( )-material thereafter counted as part of original para or referred to as 'line \_\_\_\_\_, info not in para form identified as "line \_\_\_\_\_", or subject matter

Bufile \_\_\_\_\_

Urfile \_\_\_\_\_

If document has been destroyed or cannot be located, reply is unnecessary

Date \_\_\_\_\_

RE

Re \_\_\_\_\_  
(Division)

☐ Report of SA \_\_\_\_\_  
☐ Letter ☐ Airtel ☐ Teletype  
☐ LHM ☐ Memo ☐ Other

To \_\_\_\_\_ Dated \_\_\_\_\_

☐ Classification retained (see below)

☐ Declassified by \_\_\_\_\_ on \_\_\_\_\_

☐ Classified ☐ Top Secret

☐ Upgraded To ☐ Secret

☐ Downgraded ☐ Confidential

Classified and extended by \_\_\_\_\_ on \_\_\_\_\_

Reason for extension

FCIM, II, 1-2.4.2 \_\_\_\_\_ ☐ 1 \_\_\_\_\_ ☐ 2 \_\_\_\_\_ ☐ 3

Date of review for declassification \_\_\_\_\_

The above indicated changes in classification have been made. You are requested to make the changes indicated on your referenced communication(s) and all other file copies in your division. Advise local agencies previously receiving copies of communication(s) of change(s). This routing slip can be destroyed after changes have been made.

Page	Paragraph	Line	Classification
			<input type="checkbox"/> TS <input type="checkbox"/> S <input type="checkbox"/> C
			<input type="checkbox"/> TS <input type="checkbox"/> S <input type="checkbox"/> C
			<input type="checkbox"/> TS <input type="checkbox"/> S <input type="checkbox"/> C
			<input type="checkbox"/> TS <input type="checkbox"/> S <input type="checkbox"/> C
			<input type="checkbox"/> TS <input type="checkbox"/> S <input type="checkbox"/> C

☐ See reverse side for additional listings

This form is ☐ Top Secret ☐ Secret ☐ Confidential ☐ Unclassified

SAC \_\_\_\_\_

OFFICE \_\_\_\_\_



[illegible]



## FISUR LOG COVER SHEET

Beginning Date of FISUR \_\_\_\_\_

File # \_\_\_\_\_

Subject of FISUR \_\_\_\_\_

Shift \_\_\_\_\_

Team \_\_\_\_\_

FO \_\_\_\_\_

Check if Appropriate

☐ Subject Observed☐ Video☐ Photo☐ Overhear☐ Vehicle Registration Attached☐ Overhear Sheet Attached☐ Airplane

FISUR in Support of Consensual Monitoring # \_\_\_\_\_

☐ Significant Observations

Sensitive FISUR in Support of Tilt # \_\_\_\_\_

FISUR in Support of Undercover Operation Code Name \_\_\_\_\_ ☐ Otherwise Sensitive

	Places Observed/Frequented	Address (If not already noted)
1		
2		
3		
4		
5		

Persons Observed		Photo	Fisur Conscious	Vehicles Observed					Registration Attached
				License/State	Make Model	Year	Color	Used By	
Person 1				1					
Person 2				2					
Person 3				3					
Person 4				4					
				5					
				6					
				7					
				8					
				9					

	BEG	END	BEG	END	BEG	END	BEG	END
P1								
P2								
P3								
P4								

Unsubs Observed										Photo	FISUR Conscious
	HT	WT	SEX	RACE	HAIR	SKIN	EYES	AGE	PHYSICAL CHARACTERISTICS		
UNSUB 1											
UNSUB 2											
UNSUB 3											
UNSUB 4											
UNSUB 5											

COMMENTS \_\_\_\_\_

PAGE \_\_\_\_\_ OF \_\_\_\_\_



# NCIC Entry Form Missing Person

Instructions - Reverse Side

Make an entry concerning

Date \_\_\_\_\_  
File No \_\_\_\_\_  
Agent \_\_\_\_\_  
Squad \_\_\_\_\_

<input type="checkbox"/> Endangered <input type="checkbox"/> Disability <input type="checkbox"/> Disaster Victim		<input type="checkbox"/> Juvenile (MKE) <input type="checkbox"/> Involuntary <input type="checkbox"/> Caution		Name (NAM)		Sex (SEX) <input type="checkbox"/> Male <input type="checkbox"/> Female		Race (RAC) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Unknown		<input type="checkbox"/> Alaskan <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander			
Place of Birth (POB)		Date of Birth (DOB)		Date of (DOE) Emancipation		Height (HGT)		Weight (WGT)		Eye Color <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Hazel		<input type="checkbox"/> Green <input type="checkbox"/> Gray <input type="checkbox"/> Pink <input type="checkbox"/> Unknown	
Hair Color (HAI) <input type="checkbox"/> Black <input type="checkbox"/> Sandy <input type="checkbox"/> Blonde/Strawberry <input type="checkbox"/> Red/Auburn <input type="checkbox"/> Brown <input type="checkbox"/> White <input type="checkbox"/> Gray/Partially Gray <input type="checkbox"/> Unknown		FBI Number (FBI)		Skin Tone <input type="checkbox"/> Albino <input type="checkbox"/> Dark <input type="checkbox"/> Black <input type="checkbox"/> Dark Brown <input type="checkbox"/> Light <input type="checkbox"/> Olive <input type="checkbox"/> Fair <input type="checkbox"/> Light Brown <input type="checkbox"/> Medium <input type="checkbox"/> Medium Brown <input type="checkbox"/> Ruddy		<input type="checkbox"/> Sallow <input type="checkbox"/> Yellow		Scars Marks Tattoo etc (SMT)		NCIC Fingerprint Classification (FPC)			
Other Identifying Number (MNU)		Social Security # (SOC)		Operator License Number (OLN)		License State (OLS)		Year of Expiration (OLY)					
Missing Person (MNP)		Date of Last Contact (DLC)		File or Case # (OCA)		Build <input type="checkbox"/> Very Thin <input type="checkbox"/> Thin <input type="checkbox"/> Medium <input type="checkbox"/> Muscular <input type="checkbox"/> Heavy/Stocky <input type="checkbox"/> Obese							
Does the missing person have any broken or healed bones artificial body parts or missing body parts? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, describe													
CAUTION List any reason caution should be used with Missing Person													
Any other miscellaneous information?													
Below is a list of clothing and personal effects Please indicate those items the missing person was last seen wearing Include style type size color condition labels or laundry markings													
Item	Style/Type	Size	Color	Markings	Item	Style/Type	Size	Color	Markings				
Head Gear					Shoes/Boots/Sneakers								
Scarf/Tie/Gloves					Underwear								
Coat/Jacket/Vest					Bra/Girdle/Slip								
Sweater					Stockings/Pantyhose								
Shirt/Blouse					Wallet/Purse								
Pants/Skort					Money								
Belts/Suspenders													
Socks													
License Plate and Vehicle Information													
License Plate Number (LIC)		State (LIS)		Year Expires (LIY)		License Plate Type (LTI)							
Vehicle Identification # (VIN)		Year (VYR)		Make (VMA)		Model (VMO)		Style (VST)		Color (VCO)			
Blood Type <input type="checkbox"/> A Pos <input type="checkbox"/> A Neg <input type="checkbox"/> B Pos <input type="checkbox"/> B Neg <input type="checkbox"/> AB Pos <input type="checkbox"/> AB Neg <input type="checkbox"/> O Pos <input type="checkbox"/> O Neg		(BLT) Has missing person ever donated blood? <input type="checkbox"/> Yes <input type="checkbox"/> No		If a blood donor where and when?		Has the missing person been circumcised? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Has the missing person ever been fingerprinted? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes by whom?		Are footprints available? <input type="checkbox"/> Yes <input type="checkbox"/> No		(FPA)		Are body X-rays available? <input type="checkbox"/> Yes <input type="checkbox"/> No		(BXR)			
Does the missing person have correct vision? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Glasses? <input type="checkbox"/> Contact Lenses?		Corrective Vision Rx (VRX)		Type of Contact Lenses and Color <input type="checkbox"/> Hard <input type="checkbox"/> Longwear <input type="checkbox"/> Blue <input type="checkbox"/> Gray <input type="checkbox"/> Clear <input type="checkbox"/> Soft <input type="checkbox"/> Semi <input type="checkbox"/> Green <input type="checkbox"/> Brown									
Jewelry Type (JWT)		Jewelry Description (JWL)											
NCIC # (NIC) Entered by Terminal Operator _____ Date _____ (Block Stamp)													

Additional Identifiers Attach photo if available

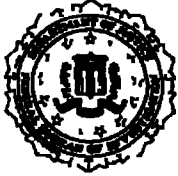


## Instructions

- 1 **Message Key (MKE)** - Enter the message key code that best describes the case along with the caution indicator, if needed
- 2 **Name (NAM)** - Place full name in this block. Nicknames and aliases should be placed in the miscellaneous information block
- 3 **Sex (SEX)** - Check appropriate code
- 4 **Race (RAC)** - Check appropriate box. Latins and Mexicans should be entered with the race code most closely representing the individual
- 5 **Place of Birth (POB)** - Indicate city and state or, if foreign born, city and country. Where multiple birthplaces are reported, enter verified birthplace
- 6 **Date of Birth (DOB)** - Enter month, day, and year. Where multiple birth dates are reported, enter verified birth date
- 7 **Date of Emancipation (DOE)** - Enter month, day, and year
- 8 **Height (HGT)** - Express in feet and inches. Round off fractions to the nearest inch
- 9 **Weight (WGT)** - Express in pounds, omitting fractions
- 10 **Eye Color (EYE)** - Check appropriate color
- 11 **Hair Color (HAI)** - Check appropriate color
- 12 **FBI Number (FBI)** - Enter number, if known
- 13 **Skin Tone (SKN)** - Check appropriate skin tone
- 14 **Scars, Marks, Tattoos and Other Characteristics (SMT)** - Place in this block only appropriate NCIC coding for scars, marks, tattoos, birthmarks, deformities, missing body parts and artificial body parts as defined in NCIC Operating and Code Manuals. Use miscellaneous block to describe all scars, marks, tattoos, etc., which are not defined in the NCIC Operating and Code Manuals and to more fully describe SMTs which have been entered in SMT block. For example, tattoo on right arm, shown as TAT R ARM in block, might be further described in miscellaneous block as a rose tattoo on inside of lower right arm
- 15 **NCIC Fingerprint Classification (FPC)** - Enter NCIC fingerprint classification
- 16 **Other Identifying Number (MNU)** - Miscellaneous numbers may be entered with appropriate identifiers (prefixes). For first miscellaneous identifying number, use MNU block. When military service number is in fact Social Security Account Number, the number should be entered in both MNU and SOC blocks. Additional identifying numbers should be listed in Additional Identifiers space. The identifier (prefix) should precede the number and be separated from the number by use of a hyphen
- 17 **Social Security Number (SOC)** - Place person's Social Security Account Number in this block
- 18 **Operator's License Number (OLN)** - Place the person's operator license number in this block. Also show the licensing state (OLS) and the year the license expires (OLY)
- 19 **Missing Person (MNP)** - Enter either code MP or DV as described in NCIC Operating Manual
- 20 **Date of Last Contact (DLC)** - Enter the month, day, and year that the person was last seen or heard from
- 21 **Field Office File Number (OCA)** - Enter field office file number (include dash)
- 22 **Miscellaneous (MIS)** - Enter reason for caution, other pertinent data, e.g., build, broken bones, etc
- 23 **License Plate and Vehicle Information** - Place information concerning plate and/or vehicle known to be in the possession of person in appropriate blocks under License Plate and Vehicle Information heading
- 24 **Blood Type (BLT)** - Check appropriate blood type
- 25 **Circumcision (CRC)** - Check yes or no
- 26 **Foot print Available (FPA)** - Check yes or no
- 27 **Body X-rays Available (BXR)** - Check yes or no
- 28 **Corrective Vision Prescription (VRX)** - Enter the person's prescription for contact lenses or glasses
- 29 **Jewelry Type (JWT)** - Check NCIC Manual for appropriate data
- 30 **Jewelry Description (JWL)** - Enter description of jewelry (maximum 100 alphanumeric characters)
- 31 **Additional Identifiers** - List information concerning additional license plate (number, state, year expires and type), Social Security numbers, operator license number, state, and year expires, vehicle information (VIN, VYR, VMA, VMO, VST, VCO), MNU's, visible scars, marks, tattoos, etc., and dates of birth. Clearly identify what data is being set forth, e.g., Social Security #423-56-3294, Michigan operator's license 234567, expires 1972, DOBs 4/5/32, 5/3/32, etc. This information will be included in a supplemental record entry



## FEDERAL BUREAU OF INVESTIGATION



**Preliminary Application For  
Special Agent Position**  
(Please Type or Print in Ink)

Date \_\_\_\_\_

FIELD OFFICE USE ONLY

Right Thumb Print

Div \_\_\_\_\_ Program \_\_\_\_\_

Name in Full (Last First Middle Maiden) \_\_\_\_\_

**I PERSONAL HISTORY**

List College Degree(s) Already Received or Pursuing Major School and Month Year \_\_\_\_\_

Mr ☐ Miss ☐ Ms ☐ Mrs ☐

Birth Date (Month Date Year) \_\_\_\_\_

Birth Place \_\_\_\_\_

Current Address \_\_\_\_\_

Social Security Number (Optional) \_\_\_\_\_

Do you understand FBI employment requires  
availability for assignment anywhere in the U S ?  
☐ Yes ☐ No

Street \_\_\_\_\_

Apt No \_\_\_\_\_

Home Phone \_\_\_\_\_

Area Code \_\_\_\_\_

Number \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_

Area Code \_\_\_\_\_

Number \_\_\_\_\_

Are you CPA ☐ Yes ☐ No ☐ Licensed Driver ☐ Yes ☐ No ☐ U S Citizen ☐ Yes ☐ No ☐Have you served on active duty in the U S Military? ☐ Yes ☐ No If yes indicate branch of service and dates (month/year) of active duty  
include military school attendance (month/year)How did you learn about or become interested in FBI employment as a  
Special Agent?Have you previously applied for FBI employment? ☐ Yes ☐ No  
If yes, location and dateDo you have a foreign language background? Yes ☐ No ☐ List proficiency for each language on reverse sideHave you ever been arrested for any crime (include major traffic violations such as Driving under the Influence or while intoxicated, etc)? Yes ☐ No ☐  
If so, list all such matters, even if not formally charged, or no court appearance, if the matter was settled by payment of fine or forfeiture of bond Include date,  
place charge, disposition, details, and police agency on reverse side**II EMPLOYMENT HISTORY**

Identify your most recent three years FULL TIME work experience after high school (excluding summer part time and temporary employment)

From Month Year	To Month Year	Description of Work	# of hrs per week	Name/Location of Employer

**III PERSONAL DECLARATIONS**Persons with a disability who require an accommodation to complete the application process are required to notify the FBI of their need for the  
accommodationHave you used marijuana during the last three years or more than 15 times? Yes ☐ No ☐Have you used any illegal drug(s) or combination of illegal drugs, other than marijuana, more than 5 times or during the last 10 years? Yes ☐ No ☐

All information provided by applicants concerning their drug history will be subject to verification by a preemployment polygraph examination.

Do you understand all prospective FBI employees will be required to submit to an analysis for drug abuse prior to employment? Yes ☐ No ☐

Please do not write below this line



I am aware that willfully withholding information or making false statements on this application constitutes a violation of Section 1001 Title 18 U S Code and if appointed will be the basis for dismissal from the Federal Bureau of Investigation. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

Signature of Applicant as usually written (Do Not Use Nickname)

The Federal Bureau of Investigation is an equal opportunity employer.

#### CONTINUATION SPACE TO PROVIDE ADDITIONAL INFORMATION

#### GENERAL

This information is provided pursuant to Public Law 93 579 (Privacy Act of 1974), December 31, 1974 for individuals completing FBI employment application forms.

#### AUTHORITY

Title 28 Code of Federal Regulations Section 0 137, authorizes the Director of the FBI to exercise power and authority vested in the Attorney General by law to take final action in matters pertaining to the employment, direction and general administration of personnel in the FBI.

#### PURPOSE AND USE

The principal purpose of employment application forms is to collect information needed to determine qualifications, suitability, and availability of applicants for FBI employment and of current FBI employees for reassignment, reinstatement, transfer or promotion. Your completed application may be used to examine, rate and/or assess your qualifications, to determine if you are entitled under certain laws and regulations such as Veterans Preference and restrictions based on citizenship, members of family already employed and residence requirements, and to contact you concerning availability and/or interview. All or part of your completed FBI employment application form may be disclosed outside the FBI to:

- 1 Federal agencies upon request for a list of eligibles to consider for appointment, reassignment, reinstatement, transfer or promotion
- 2 State and local Government agencies under the Intergovernmental Personnel Act terms if you have expressed an interest in and availability for such employment consideration
- 3 State and local Government agencies under the President's Executive Exchange Program terms if you have expressed an interest in and availability for such employment consideration
- 4 Federal agency investigators to determine your suitability for Federal employment
- 5 Federal, State or local agencies to create other personnel records after you have been appointed
- 6 Appropriate Federal, State, or local law enforcement agencies charged with the responsibility of investigating a violation or potential violation of the law
- 7 Appropriate Federal, State or local agencies maintaining records on you to obtain information relevant to an agency decision about you
- 8 A requesting Federal, State, or local agency to the extent the information is relevant to the requesting agency's decision
- 9 Federal agency selecting officials involved with internal personnel management functions

#### EFFECTS OF NONDISCLOSURE

Because the employment application forms request both optional (other skills, training, etc.) and mandatory (qualifications and biographical, etc.) data, it is in your best interest to answer all questions. Omission of an item means you might not receive full consideration for a position in which this information is needed. A false answer to a question in the employment application may be grounds for not employing you or for dismissing you after you begin work and may be punishable by fine or imprisonment (U S Code Title 18, Section 1001). All statements are subject to investigation including a check of your fingerprints, police records and former employers. All information you give will be considered in reviewing your statement. In addition to the penalties described above, a false answer to questions relating to membership in the Communist Party, U S A could deprive you of your right to an annuity when you reach retirement age.



FD-664 (Rev 3-14-97)  
ELSUR CARD SUBMISSION

FEDERAL BUREAU OF INVESTIGATION  
SECRET

To Director, FBI  
Attn ELSUR Index Subunit

Date \_\_\_\_\_

From SAC \_\_\_\_\_ ( \_\_\_\_\_ ) (P)

Case Title

Enclosed for the FBIHQ ELSUR Index Subunit are \_\_\_\_\_ ELSUR Cards  
#

☐ FISA

Source # \_\_\_\_\_  
Source # \_\_\_\_\_  
Source # \_\_\_\_\_  
Source # \_\_\_\_\_  
Source # \_\_\_\_\_

Device \_\_\_\_\_  
Device \_\_\_\_\_  
Device \_\_\_\_\_  
Device \_\_\_\_\_  
Device \_\_\_\_\_

Approved by FISC on \_\_\_\_\_ Extension Date(s) \_\_\_\_\_  
Date

☐ CONSENSUAL MONITORING (CM) Telephonic (TCM)/Nontelephonic (NTCM)

☐ TCM - # of cards \_\_\_\_\_ CM # \_\_\_\_\_ ☐ NTCM - # of cards \_\_\_\_\_ CM # \_\_\_\_\_

ELSUR CARD SUBMISSION:

Principal Card(s) # of Enclosures \_\_\_\_\_  
List Target(s) Only

Proprietary Interest (PI) Card(s) # of Enclosures \_\_\_\_\_  
List all Names, Addresses, Telephone # s, etc pertaining to PI

Intercept Card(s) # of Enclosures \_\_\_\_\_  
List Name/Facility Only

2 - Bureau ( \_\_\_\_\_ Enclosures)  
2 -

(Office ELA

Case Subfile)

SECRET

Classified By \_\_\_\_\_  
Reason \_\_\_\_\_  
Declassify On \_\_\_\_\_



**WARNING AND ASSURANCE TO EMPLOYEE REQUESTED  
TO PROVIDE INFORMATION ON A VOLUNTARY BASIS**

You are being contacted to solicit your cooperation in an inquiry regarding information pertaining to, or allegations of, misconduct or improper performance of official duties. In accordance with the Privacy Act of 1974, you are advised that the authority to conduct this interview is contained in Title 28, Code of Federal Regulations, Section 0 85(c)

The matter under investigation could also constitute a violation of law which could result in criminal prosecution of responsible individuals

This inquiry concerns \_\_\_\_\_

\_\_\_\_\_  
(State the general nature of the matter)

You have the right to remain silent if your answers may tend to incriminate you. If you do decide to answer questions or make a statement, you may stop answering at any time. Any statement you furnish may be used as evidence against you in any future criminal proceeding or agency disciplinary proceeding, or both.

Although you would normally be expected to answer questions regarding your official duties, in this instance you are not required to do so. Your refusal to answer on the ground that the answers may tend to incriminate you will not subject you to disciplinary action by the FBI or the Department of Justice. However, if you do decide to answer, you must do so fully and truthfully, and you can expect to be dismissed from the rolls of the FBI if you fail to do so.

Pursuant to the Privacy Act, this information is being sought for the purposes of an agency disciplinary proceeding and may potentially involve criminal prosecution. The information itself and any information or evidence resulting therefrom may be used in the course of this proceeding, which could result in disciplinary action, including dismissal. Information may be disclosed to other federal agencies for a law enforcement purpose, including prosecution, to employees of the Department of Justice in the performance of official duties, to the Judicial Branch of the Federal Government in response to a specific request or otherwise where disclosure appears relevant to the authorized function of the recipient judicial office or court system, and to an adjudicative body, such as the Equal Employment Opportunity Commission and the Merit Systems Protection Board, when the United States, the FBI, or its employees, in an official capacity, are parties to or have an interest in the litigation, and such records are determined by the FBI to be relevant to the litigation. Disclosure may also be made in accordance with all applicable routine uses published in the Federal Register for the FBI's Central Records System (JUSTICE/FBI-002) and the Blanket Routine Uses Applicable to More Than One FBI System of Records (JUSTICE/FBI-BRU).

**WAIVER**

I understand the warnings and assurances stated above and I wish to answer questions or make a statement concerning this matter.

\_\_\_\_\_  
Signature of Department of Justice Official  
Conducting Inquiry

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



## WARNING AND ASSURANCE TO EMPLOYEE REQUIRED TO PROVIDE INFORMATION

This is an official administrative inquiry regarding possible misconduct or the improper performance of official duties. In accordance with the Privacy Act of 1974, you are advised that the authority to interview you or otherwise obtain a written statement from you is contained in Title 28, Code of Federal Regulations, Section 0 85(c)

This inquiry pertains to an allegation that \_\_\_\_\_

\_\_\_\_\_  
(State the general nature of the inquiry)

For purposes of this inquiry, you may be interviewed, asked to provide a written statement, or both, and the information you provide will assist in determining whether administrative action is warranted. You have a duty to participate in an interview or to provide written statements, and you can expect to be dismissed from the rolls of the FBI if you refuse to do so, or if you fail to respond fully and truthfully in any answers or written account you provide.

Neither your statements nor any information or evidence gained by reason of your statements can be used against you in any criminal proceeding, except that if you knowingly and willfully provide false statements or information, you may be subject to criminal prosecution for that action.

Pursuant to the Privacy Act, this information is being sought for the purposes of an agency disciplinary proceeding. The information itself and any information or evidence resulting therefrom may be used in the course of this proceeding, which could result in disciplinary action, including dismissal. Information may be disclosed to other federal agencies for a law enforcement purpose, to employees of the Department of Justice in the performance of official duties, to the Judicial Branch of the Federal Government in response to a specific request or otherwise where disclosure appears relevant to the authorized function of the recipient judicial office or court system, and to an adjudicative body, such as the Equal Employment Opportunity Commission and the Merit Systems Protection Board, when the United States, the FBI, or its employees in an official capacity, are parties to or have an interest in the litigation, and such records are determined by the FBI to be relevant to the litigation. Disclosure may also be made in accordance with all applicable routine uses published in the Federal Register for the FBI's Central Records System (JUSTICE/FBI-002) and the Blanket Routine Uses Applicable to More Than One FBI System of Records (JUSTICE/FBI-BRU).

## ACKNOWLEDGMENT

I have read and understand my rights and obligations as set forth above.

\_\_\_\_\_  
Signature of Department of Justice Official  
Conducting Inquiry

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



Execute, serialize and retain in a separate sublettered file to the case file. Additional sheet(s) may be attached to this form as necessary to enter data regarding any item below. Each sheet attached should be numbered as an additional page and reflect the item number being continued.

Serial Number

Initials

- |  |       |       |
|--|-------|-------|
| 1 It will be the responsibility of the case Agent and his/her supervisor to ensure compliance with these instructions  | _____ | _____ |
| 2 Review MIOG, Part II, Sections 10-9, and 10-10 through 10-10 2   | _____ | _____ |
| 3 Contact with Squad Supervisor  | _____ | _____ |
| 4 Ensure availability of equipment and necessary support   | _____ | _____ |
| 5 Opinion of USA obtained prior to CM and confirmed in writing   | _____ | _____ |
| 6 Memo to SAC for authority, initialed by Squad Supervisor, that includes brief facts of case, opinion of USA and consent of party obtained  | _____ | _____ |
| 7 Tickler set for expiration of authorization, if appropriate  | _____ | _____ |
| 8 Execute FD-472 and retain as evidence  | _____ | _____ |
| 9 Contact with ELSUR support employee for coordination of necessary recordkeeping  | _____ | _____ |
| 10 Contact with appropriate employee for equipment and necessary support (only after proper authorization)   | _____ | _____ |
| 11 Mark Recording for Identification purposes. See MIOG, Part II, Section 16-8 1 2   | _____ | _____ |
| 12 Execute FD-504 in its entirety for each <b>original</b> tape at the time the tape is initially removed from the recording device or accepted into custody by the FBI  | _____ | _____ |
| 13 Complete FD-192 and attach to FD-504. Handcarry to ELSUR tape custodian for duplicating and retention. Assure adherence to 5-day evidence control rule  | _____ | _____ |
| 14 Ensure FD-504 <b>sealed</b> and accepted into custody by the tape custodian   | _____ | _____ |
| 15 ELSUR indexing completed  | _____ | _____ |
| 16 Stamp "ELSUR" on file jacket of Vol. I and all subsequent volumes to the case file  | _____ | _____ |
| 17 Review case file and notify ELSUR support employee in writing (by routing slip or memo) of the full name, initial overhear date and subsequent overhear dates of any individual monitored previously, but not sufficiently identified for ELSUR indexing purposes | _____ | _____ |
| 18 Supervisor's initials and date certifying compliance with above procedures  | _____ | _____ |

(Date)



Checklist - Consensual Monitoring (CM) - Nontelephone (Criminal Matters)  
FD-671 (1-25-88)

Execute, serialize and retain in a separate sublettered file to the case file. Additional sheet(s) may be attached to this form as necessary to enter data regarding any item below. Each sheet attached should be numbered as an additional page and reflect the item number being continued.

	Serial Number	Initials
1 It will be the responsibility of the case Agent and his/her supervisor to ensure compliance with these instructions		_____
2 Review MIOG, Part II, Sections 10-9(1) and 10-10 3 through 10-10 6		_____
3 Contact with Squad Supervisor		_____
4 Ensure availability of equipment and necessary support		_____
5 Opinion of USA obtained prior to CM and confirmed in writing	_____	_____
6 Emergency authorization, (if required)	_____	_____
7 Communication to FBIHQ requesting routine authority (if required)	_____	_____
8 FBIHQ/DOJ authorization obtained Date authority begins _____ expires _____	_____	_____
9 Tickler set for expiration and/or renewal of FBIHQ/DOJ authorization		_____
10 Execute FD-473 and retain as evidence	_____	_____
11 Contact with ELSUR support employee for coordination of necessary recordkeeping		_____
12 Contact with appropriate employee for equipment and necessary support (only after proper authorization)	_____	_____
13 Mark recording for identification purposes. See MIOG, Part II, Section 16-8 1 2		_____
14 Execute FD-504 in its entirety for each <b>original</b> tape at the time the tape is initially removed from the recording device or accepted into custody by the FBI		_____
15 Complete FD-192 and attach to FD-504. Handcarry to ELSUR tape custodian for duplicating and retention. Assure adherence to 5-day evidence-control rule. See MAOP, Part II, Section 2-4 4 1(b)		_____
16 Assure FD-504 <b>sealed</b> and accepted into custody by the tape custodian		_____
17 ELSUR indexing completed	_____	_____
18 Stamp "ELSUR" on file jacket of Vol. 1 and all subsequent volumes to the case file		_____
19 FD-621 submitted to FBIHQ	_____	_____
20 Review case file and notify ELSUR support employee in writing (by routing slip or memo) of the full name, initial overhear date and subsequent overhear dates of any individual monitored previously, but not sufficiently identified for ELSUR indexing purposes	_____	_____
21 Supervisor's initials and date certifying compliance with above procedures	_____	_____

(Date)



# FEDERAL BUREAU OF INVESTIGATION

Precedence:

Date

To SAC,

From: SA

Approved By:

Drafted By:

Case ID #:

**Title:** SAC AUTHORITY REQUEST FOR CLOSED CIRCUIT TELEVISION (CCTV)  
MONITORING WITHOUT SOUND DURING A SURVEILLANCE

**Synopsis.** To request authority for CCTV usage WITHOUT SOUND

**Details:** SAC authority is requested to utilize CCTV coverage of an exterior public area or an interior common area where no reasonable expectation of privacy exists. No sound authority is being requested. (If sound monitoring is desired, a consenting party is required. Use form FD-759 instead of this EC). There will be remote monitoring, in that the camera will not be physically held by an Agent or consenting party. No consenting party is required to be in the area to be viewed for this CCTV-NO SOUND authority.

This is a criminal investigation to which the provisions of the Attorney General's Guidelines for Foreign Intelligence & Foreign Counterintelligence investigations do not apply.

**The area to be viewed will be:**

- ☐ an exterior public area, ☐ an interior common area where the public has generally unrestricted access (consult with CDC for concurrence)

**The camera will be located:**

- ☐ in an FBI vehicle, ☐ in a non-FBI vehicle with consent to install,  
☐ outdoors & no trespass is required to install, ☐ in an area under exclusive FBI possession & control,  
☐ in an area controlled by a consenting party, ☐ Other \_\_\_\_\_

**Substantive Case Caption:**

**Synopsis of the CCTV Request:**

Name of Case Agent SA \_\_\_\_\_

**Field Approval:**

SAC Signature \_\_\_\_\_

(Date)

CDC Signature \_\_\_\_\_

(Date)





U.S. Department of Justice

Federal Bureau of Investigation

Washington D C 20535

**CERTIFICATION OF NONDISCRIMINATION  
FBI ACADEMY  
QUANTICO, VIRGINIA**

NAME OF SCHOOL \_\_\_\_\_

DATE OF SCHOOL \_\_\_\_\_

EMPLOYEE'S NAME \_\_\_\_\_

**NOMINATING OFFICIAL'S STATEMENT.**

"I hereby assert that the law enforcement agency making this nomination for a representative to attend the above specialized school at the FBI Academy does not, under any program or activity receiving Federal financial assistance from the Department of Justice, exclude from participation in, deny the benefits of, or otherwise subject to discrimination any person on the grounds of race, color, or national origin, under Title VI of the Civil Rights Act 1964 (Title 42, U S C , Section 2000d, et seq , and Title 28, C F R , Part 42, Subpart C), handicapping condition, under Section 504 of the Rehabilitation Act of 1973, as amended (Title 29, U S C , Section 794), age, under the Age Discrimination Act of 1975, as amended (Title 42, U S C , Section 6101, et seq ), or sex, under Title IX of the Education Amendments of 1972 (Title 20, U S C , Section 1681) This agency recognizes the rights of the United States to seek judicial enforcement of the assurance

\_\_\_\_\_  
Signature of Nominating Official\_\_\_\_\_  
Name and Title (type or print)\_\_\_\_\_  
Date\_\_\_\_\_  
Law Enforcement Agency\_\_\_\_\_  
City\_\_\_\_\_  
State\_\_\_\_\_  
Zip

(Forward this executed form to the Special Agent in Charge of the FBI office in your territory )



## FISUR LOG COVER SHEET

BEGINNING DATE OF FISUR \_\_\_\_\_

FILE # \_\_\_\_\_

FISUR SUBJECT \_\_\_\_\_

### OVERHEAR

PERSONS OVERHEARD \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ENTITIES DISCUSSED (Organizations, gang/cartels, people, nicknames, union, families, etc )

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PAGE \_\_\_\_\_ OF \_\_\_\_\_





# FEDERAL BUREAU OF INVESTIGATION

## REPORT OF LOST OR STOLEN PROPERTY

### PROPERTY MANAGEMENT MATTERS

This form is to be submitted to the Property Management Unit within 10 days from the date of loss or theft.

Date \_\_\_\_\_

To \_\_\_\_\_

From \_\_\_\_\_

Reported by \_\_\_\_\_

Cost Center \_\_\_\_\_

Circumstances ☐ Stolen ☐ Lost ☐ Other \_\_\_\_\_

Date of Loss/Theft \_\_\_\_\_

Description \_\_\_\_\_

Asset Classification \_\_\_\_\_ Acquisition Cost \_\_\_\_\_

Manufacturer \_\_\_\_\_ Serial Number \_\_\_\_\_

Model Number \_\_\_\_\_ Asset Number \_\_\_\_\_

☐ Confidential Property

☐ Non-confidential Property

Did this item contain sensitive/classified information? ☐ Yes ☐ No  
(If "yes," attach required information See MIOG, Part II, Section 26-13.1)

Has this item been entered into NCIC? (If "no," please explain on attachment) ☐ Yes ☐ No

Date entered into NCIC \_\_\_\_\_ NIC# \_\_\_\_\_

Has administrative action been taken regarding this matter? ☐ Yes ☐ No

Have you advised the FBIHQ Security Division? ☐ Yes ☐ No

Have you forward a copy of this report to OPR? ☐ Yes ☐ No

Property was last assigned/charged-out to \_\_\_\_\_

Property custodian responsible for physical custody \_\_\_\_\_

**Details or explanation regarding the circumstances of this report:**  
(Continued on separate sheet if necessary)

Recommendation of Accountable Property Officer (APO) \_\_\_\_\_

\_\_\_\_\_  
Signature of APO

\_\_\_\_\_  
Signature of Supply Technician



**FISUR LOG COVER SHEET**

SUBJECT \_\_\_\_\_

CONDUCTED BY (SA/IA) \_\_\_\_\_

Day &amp; Date \_\_\_\_\_

Shift \_\_\_\_\_ Team \_\_\_\_\_

**PERSONS OBSERVED**

(Note Indexing)

**TIMES OBSERVED (ADP)**

	Start	End	Start	End	Start	End	Start	End	Totals
Subject									

**SYNOPSIS**

- ☐ Subjected observed  
☐ Subject not observed

- ☐ Contact observed  
☐ Unusual activity

- ☐ Photos attempted  
☐ Assessment data obtained

\_\_\_\_\_ Hours

\_\_\_\_\_ Minutes = Total time on subject

**ADMINISTRATIVE DATA**

FILE # \_\_\_\_\_



Return to

FBI Academy

Crisis Negotiation Unit

Quantico, VA 22135

Phone (703)632-4202

FAX (703)632-4246

## HOSTAGE/BARRICADE REPORT

Agency Name _____	Phone _____
Address _____	
City _____	
State/Province _____	Zip _____ Country _____
Prepared by _____	
(Print) Last _____	First _____ MI _____
Date of report _____ (mm/dd/yyyy)	
Law Enforcement Serial # _____	

M = MANDATORY ENTRY

## SECTION A INCIDENT

- 1 Type (Select one) **M**
- ☐ Attempted Suicide ☐ Barricade ☐ Planned
- ☐ Suicide ☐ Barricade w/victim(s) ☐ Unplanned
- ☐ Hostage ☐ Combination
- Method of Suicide**
- ☐ Firearm ☐ Jumper
- ☐ Overdose ☐ Cutting Instrument
- ☐ Other (Specify) \_\_\_\_\_
- 2 Was the incident
- 3 Date/Time **M**
- (mm/dd/yyyy) - Time (24-hour clock)
- Start \_\_\_\_\_ Time \_\_\_\_\_
- End \_\_\_\_\_ Time \_\_\_\_\_
- 4 Location (Select one) **M**
- ☐ Apartment/Condominium ☐ Mobile Home ☐ Public Transportation
- ☐ Automobile/Motorcycle ☐ Office/Workplace ☐ Government/Public Building
- ☐ Barn/Out Building ☐ Hotel/Motel ☐ Hospital
- ☐ Prison/Jail ☐ Private Resident/Farmhouse ☐ Outside Area
- ☐ Other (Specify) \_\_\_\_\_
- 5 Violence occurred (Select all that apply)
- ☐ Onset ☐ Against Law Enforcement Officer ☐ Yes
- ☐ During ☐ Against Random Hostage/Victim ☐ No
- ☐ Demand/Deadline ☐ Against Selected Hostage/Victim
- ☐ Surrender/Conclusion
- 6 Violence occurred against whom
- 7 Was religion a factor in this incident?

## SECTION B NATURE OF CONTACTS

- 8 Communication with subject initiated by (Select all that apply)
- ☐ Employee ☐ Crisis Hot Line ☐ Bullhorn/PA ☐ Written
- ☐ Family Member ☐ Neighbor ☐ Existing Phone Service ☐ Robot
- ☐ Law Enforcement ☐ Social Worker ☐ Exposed Face-to-Face ☐ No Communication
- ☐ First Responder ☐ Victim ☐ Hostage Phone ☐ Other (Specify) \_\_\_\_\_
- ☐ Negotiator ☐ Witness/Passer By ☐ Cell Phone
- ☐ Spouse/Ex-Spouse ☐ Friend ☐ Voice Contact from Cover
- ☐ Significant Other ☐ Subject ☐ Radio/Internal Intercom
- ☐ Health Care Professional ☐ Other (Specify) \_\_\_\_\_ ☐ Internet (i.e. chat room)
- 9 Method of communication (Select all that apply) **M**
- 10 Were Third Party Intermediaries (TPI) used? **M**
- ☐ Yes
- ☐ No
- 11 Type of TPI used (Select all that apply)
- ☐ Clergy (Specify type of Religion) \_\_\_\_\_
- ☐ Family Member (Specify relationship) \_\_\_\_\_
- ☐ Friend (Specify type) \_\_\_\_\_
- ☐ Mental Health Consultant (Specify) \_\_\_\_\_
- ☐ Public Official (Specify) \_\_\_\_\_
- ☐ Attorney (Specify type) \_\_\_\_\_
- ☐ Media (Specify) \_\_\_\_\_
- ☐ Other (Specify) \_\_\_\_\_
- 12 The TPI (Select one)
- ☐ Helped
- ☐ Did not help
- 13 Was a mental health consultant used during incident? **M**
- ☐ Yes
- ☐ No

1 Barricade Incident: A person(s) refusing to come out from a fortified position or release a victim where there is no substantive demand. Emotional venting predominates over achieving a clearly identified goal.

2 Hostage Incident: A person(s) held against their will and the captor has made a substantive demand. It is a goal-oriented incident.



## HOSTAGE/BARRICADE REPORT

### SECTION C RESOLUTION

- 14 Resolution based on **M**
- ☐ Negotiation/Surrender
  - ☐ Combination negotiation/tactical
  - ☐ Tactical/Intervention
  - ☐ Suicide/Attempted Suicide
  - ☐ Escape
  - ☐ Police Withdraw/Walk Away
- 15 Type of tactical action
- ☐ Deliberate assault
  - ☐ Emergency assault
  - ☐ Other (Specify) \_\_\_\_\_
  - ☐ Overtaken by Hostage/Victim(s)
  - ☐ Sniper Shot
  - ☐ "Suicide by Cop"
  - ☐ Less than lethal means (Select all that apply)
    - ☐ Rubber Bullets
    - ☐ Pressure Hose
    - ☐ Chemical Agent
    - ☐ Stun Gun
    - ☐ Net
    - ☐ Bean Bags
    - ☐ Canine
    - ☐ No Assault
    - ☐ Other (Specify) \_\_\_\_\_
- 16 Date/time assault initiated  
Start \_\_\_\_\_ Time \_\_\_\_\_  
(mm/dd/yyyy)
- 17 Negotiating team role in tactical action  
(Select all that apply)
- ☐ Diversion
  - ☐ False Concessions/Bogus Delivery
  - ☐ Stalled for time for tactical preparation
  - ☐ Set-Up Subject for Resolution
  - ☐ Not Used

If the Subject committed suicide also capture this data as your answer to question 45 - Status of Subject

### SECTION D POST INCIDENT

- 18 Injuries to (Select all that apply) **M**
- ☐ Bystanders
  - ☐ Law Enforcement
  - ☐ None
- 19 Death (Select all that apply) **M**
- ☐ Bystanders
  - ☐ Law Enforcement
  - ☐ None
- 20 Was there significant property damage?
- ☐ Yes
  - ☐ No
- Explain in narrative  
Subject/Victim status recorded later
- 21 Negotiations conducted in
- ☐ English
  - ☐ Spanish
  - ☐ Other Language \_\_\_\_\_
- Interpreter Used ☐ Yes ☐ No
- 22 Number of negotiators on scene \_\_\_\_\_
- Explain in narrative  
Subject/Victim status recorded later

### SECTION E ANCILLARY INFORMATION (OPTIONAL)

- 23 Does the agency have a trained negotiation team? ☐ Yes ☐ No
- 24 Does the agency have a mental health professional assigned? ☐ Yes ☐ No
- 25 Does the agency have a dedicated tactical team? ☐ Yes ☐ No
- 26 Does the negotiation team/negotiator(s) regularly train with SWAT? ☐ Yes ☐ No
- 27 Does incident commander participate regularly in negotiation/SWAT training? ☐ Yes ☐ No



# **HOSTAGE/BARRICADE REPORT**

## **SECTION F SUBJECT DATA**

Subject Number \_\_\_\_\_

28 Subject <b>M</b> _____ (Letter Reference)	29 Age _____ (Whole years)	30 Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
31 Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Cohabitation		
32 Race <b>M</b> <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other (Specify) _____	33 English language fluency (Select one) <input type="checkbox"/> Fluent in English <input type="checkbox"/> Other (Specify) _____	34 Employment <input type="checkbox"/> Yes <input type="checkbox"/> No (Select all that apply) <input type="checkbox"/> Education <input type="checkbox"/> Management <input type="checkbox"/> Government <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Laborer <input type="checkbox"/> Professional/Technical <input type="checkbox"/> Self Employed/Business Owner <input type="checkbox"/> Tradesman/Machine Operator <input type="checkbox"/> Other (Specify) _____
35 Education Level (Select highest level) <b>M</b> <input type="checkbox"/> Dropout <input type="checkbox"/> Unknown <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Trade School	36 Military Experience (Select one) <b>M</b> <input type="checkbox"/> Prior <input type="checkbox"/> Present <input type="checkbox"/> None <input type="checkbox"/> Unknown	
37 Criminal History <b>M</b> (Select all that apply) <input type="checkbox"/> None <input type="checkbox"/> Unknown apply) Prior Charges <input type="checkbox"/> Hostage/Barricade <input type="checkbox"/> Other Crime (Specify) _____ <input type="checkbox"/> Violent	38 Prior suicide attempts (Select one) <input type="checkbox"/> Unknown <input type="checkbox"/> None <input type="checkbox"/> One or more (Select all that apply) <input type="checkbox"/> Firearm <input type="checkbox"/> Overdose <input type="checkbox"/> Jumper <input type="checkbox"/> Cutting Instrument	39 Mental health problems <b>M</b> (Select all that apply) <input type="checkbox"/> Committed in past to State Mental Health Facility (Select all that <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> No Known Current Problems <input type="checkbox"/> No Known Prior(s) <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Receiving Counseling/Therapy <input type="checkbox"/> Resident Treatment Facility
40 Substance abuse history (Select all that apply) <input type="checkbox"/> Alcohol explosives) Controlled Dangerous Substance (Specify) _____ <input type="checkbox"/> List Non-Prescription (Specify) _____ <input type="checkbox"/> List Prescription (Specify) _____ <input type="checkbox"/> Unknown <input type="checkbox"/> None	41 Substance used in this incident (Select all that apply) <input type="checkbox"/> Alcohol <input type="checkbox"/> Controlled Dangerous Substance (Specify) _____ <input type="checkbox"/> List Non-Prescription (Specify) _____ <input type="checkbox"/> List Prescription (Specify) _____ <input type="checkbox"/> Unknown <input type="checkbox"/> None	42 Explosives used in this incident <b>M</b> <input type="checkbox"/> Yes (Describe device and type of _____ <input type="checkbox"/> No
43 Weapons used in this incident <b>M</b> (Select all that apply) <input type="checkbox"/> Yes <input type="checkbox"/> Blunt Object <input type="checkbox"/> Chemical <input type="checkbox"/> Handgun <input type="checkbox"/> Knife <input type="checkbox"/> Shoulder Weapon <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> No	44 Restraining order on this subject (Select one) <input type="checkbox"/> Existing <input type="checkbox"/> Prior <input type="checkbox"/> None	45 Status of subject (Select one) <b>M</b> <input type="checkbox"/> Suicide <input type="checkbox"/> Injured <input type="checkbox"/> Killed (Select if applies) <input type="checkbox"/> Killed - Suicide by Cop <input type="checkbox"/> No Injury

**NOTES** If there were multiple subjects involved in the incident, copy this page and fill in the data for each subject. Be sure that each subject has an assigned sequential letter e.g. A, B, C, etc. On each additional page include

Agency name \_\_\_\_\_ Date of the report \_\_\_\_\_



**HOSTAGE/BARRICADE REPORT****SECTION G HOSTAGE/VICTIM DATA**

If no hostage taken or victim held - explain in narrative

Hostage Number \_\_\_\_\_

46 Hostage/Victim <b>M</b> _____ (Letter Reference)	47 Age _____ (Whole Years)	48 Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
49 Race <b>M</b> <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other (Specify) _____	50 English language fluency (Select one) <input type="checkbox"/> Fluent in English <input type="checkbox"/> Other (Specify) _____	51 Hostage/Victim treatment <b>M</b> (Select all that apply) <input type="checkbox"/> Verbally Abused <input type="checkbox"/> Physically Abused <input type="checkbox"/> Sexually Abused <input type="checkbox"/> Ignored <input type="checkbox"/> Not Mistreated <input type="checkbox"/> Talked Freely with Subject(s) <input type="checkbox"/> Other (Specify) _____
52 Hostage/Victim mobility <b>M</b> (Select all that apply) <input type="checkbox"/> Allowed Free Movement <input type="checkbox"/> Movement Restricted <input type="checkbox"/> Restrained Physically <input type="checkbox"/> Isolated	53 Did the victim's mobility improve during the incident? <b>M</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
54 Hostage/Victim survival information <b>M</b> (Select all that apply) <b>Stockholm Syndrome</b> <input type="checkbox"/> Negative Feelings Toward Law Enforcement <input type="checkbox"/> Positive Feelings Toward Subject <input type="checkbox"/> Subject has Returned Positive Feelings Toward Hostage/Victim <input type="checkbox"/> Not a factor	55 Was subject positively influenced by hostage/victim(s)? <b>M</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	56 Relationship to Subject <b>M</b> (Select all that apply) <input type="checkbox"/> Employer <input type="checkbox"/> Family Member <input type="checkbox"/> Friend/Co-worker <input type="checkbox"/> Law Enforcement <input type="checkbox"/> None <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Spouse/Ex-Spouse <input type="checkbox"/> Significant Other
57 Hostage/Victim release (Select one) <input type="checkbox"/> Released at Time of Negotiated Surrender <input type="checkbox"/> Released Prior to Resolution of Incident (Select one) <input type="checkbox"/> Negotiated Release <input type="checkbox"/> Non-Negotiated Release <input type="checkbox"/> Due to Health Factors <input type="checkbox"/> Rescued by Tactical Team	58 Status of hostage/victim at end of incident (Select one) <b>M</b> <input type="checkbox"/> No Injury <input type="checkbox"/> Injured <input type="checkbox"/> Deceased (Select one) <input type="checkbox"/> Killed by subject <input type="checkbox"/> Died (Specify) _____	
59 Did subject allow this hostage/victim to talk to law enforcement? <b>M</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
60 Did subject talk to law enforcement through this hostage/victim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**NOTES** If there were multiple victims involved in the incident, copy this page and fill in the data for each hostage/victim. Be sure that each victim has an assigned sequential letter e.g. A, B, C etc. On each additional page include

Agency name \_\_\_\_\_ Date of the report \_\_\_\_\_



**HOSTAGE/BARRICADE REPORT**

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**SECTION H NARRATIVE M**

Print, type, or attach police incident summary





U.S. Department of Justice

Federal Bureau of Investigation

Washington, D.C. 20535

November 17, 2003

Request No.: 0986034- 000  
Subject: FORMS/21 SPECIFIC

This is in response to your Freedom of Information (FOIA) request to the Federal Bureau of Investigation. The enclosed documents are provided to you without redactions.

If you desire, you may appeal. Appeals should be directed in writing to the Co-Director, Office of Information and Privacy, U.S. Department of Justice, Flag Building, Suite 570, Washington, D.C. 20530-0001 within sixty days from receipt of this letter. The envelope and letter should be clearly marked "Freedom of Information Appeal" or "Information Appeal." Please cite the FOIPA number assigned to your request so that it may be easily identified.

Sincerely yours,

A handwritten signature in black ink, appearing to read "D. Hardy", is written over the "Sincerely yours," text.

David M. Hardy  
Section Chief  
Record/Information  
Dissemination Section  
Records Management Division



**UNITED STATES DEPARTMENT OF JUSTICE  
Federal Bureau of Investigation**

Copy to:

Report of:  
Date:

Office:

Case ID #:

Title:

Character:

Synopsis:



## DEATH OF IMMEDIATE RELATIVE

To: Executive, Congressional, and Public Constituent  
Services Unit, OPCA, Room 6236

Date: \_\_\_\_\_

From: \_\_\_\_\_

Employee: \_\_\_\_\_  
☐ Mr.      ☐ Mrs.      ☐ Ms.      ☐ Miss

Name of Deceased: \_\_\_\_\_

Relationship:    ☐ Spouse              ☐ Son              ☐ Daughter              ☐ Mother              ☐ Father  
                         ☐ Sister              ☐ Brother              ☐ Grandparent (if reared by)

Date of Death: \_\_\_\_\_

Employee's Home Address: \_\_\_\_\_

\* If deceased is a spouse or child of employee, a separate copy must be provided to the below Unit with appropriate information for processing of insurance benefits.

1 - Employee Benefits Unit, Room 1010

Social Security Number of Employee: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

1 - Employee Assistance Unit, Room 10190

(Provide this copy in all instances)

(See reverse side)





# Memorandum

To : Director, FBI

Date

From : SAC,

Subject :

Date of Contact		
File #s on which contacted (Use Titles if File #s not available)		
<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>		
Purpose and results of contact <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Statistic		
<b>Description of Statistical Accomplishment</b>	<b>Title of Case</b>	<b>File No.</b>
Information contained herein was obtained confidentially. The informant's name is not to be disclosed in any form unless a conscious decision has been made to disclose his/her identity by an appropriate FBI official.		
<b>PERSONAL DATA</b>		

1 -  
1 -  
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Init.  
( )

\*\*\*see reverse side for statistics\*\*\*



Date \_\_\_\_\_

**INDIVIDUAL SECURITY PATROL DAILY REPORT**

Name of Employee \_\_\_\_\_

Hours Worked \_\_\_\_\_

Name of Building \_\_\_\_\_

**Time****Area Covered****Remarks**

- ☐ **Security of Bureau Automobiles**  
☐ **Security of Bureau Automobile Keys** (if applicable)

Time \_\_\_\_\_

Remarks:

\_\_\_\_\_  
Employee's Signature



Mark opposite each item the number of the serial in which the information appears. Although these items are regarded as nonvariable, additions should be noted by adding the new serial number and crossing out the old.

Symbol Number \_\_\_\_\_ Office File \_\_\_\_\_

**MANDATORY REVIEW ELEMENTS**

- |   | Serial No. |
|---|------------|
| 1. Record Checks  |            |
| NCIC/Criminal/Bureau Identification Record                          | _____      |
| Background Checks/Photograph  | _____      |
|   | _____      |
|   | _____      |
| 2. AG Guidelines/Yearly Admonishments/Advised                       |            |
| Policy re Defense Strategy  | (YR) _____ |
|   | (YR) _____ |
|   | (YR) _____ |
|   | (YR) _____ |
| 3. Criminal Activity Authorization (Tier I/Tier II)                 | _____      |
|   | _____      |
|   | _____      |
| 4. Chief Division Counsels Review of Informants' File when required |            |
| MIOG 137-3.3. (Restrictions regarding the use/operation of          |            |
| attorneys, members of news media and specific individuals based     |            |
| on their employment or status.)                                     | _____      |
|   | _____      |
|   | _____      |
| 5. CI Suitability Report and Recommendation                         | _____      |
|   | _____      |
|   | _____      |

No Serial Number  
Keep on Top of Other Serials in File



U.S. Department of Justice

Classification No.

# Federal Bureau of Investigation

Bureau File Number \_\_\_\_\_

File No.

Volume Number

Serials

## Field Office Criminal Investigative and Administrative Files

\_\_\_\_\_ Armed and Dangerous  
\_\_\_\_\_ DO NOT DESTROY  
\_\_\_\_\_ ELSUR  
\_\_\_\_\_ Escape Risk  
\_\_\_\_\_ Financial Privacy Act

\_\_\_\_\_ FOIPA  
\_\_\_\_\_ NCIC  
\_\_\_\_\_ OCIS  
\_\_\_\_\_ Suicidal  
\_\_\_\_\_ Other \_\_\_\_\_

See also Nos. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_



File No.

**Classification No.**

Bureau File Number \_\_\_\_\_

## Serials

\_\_\_\_\_ FOIPA  
\_\_\_\_\_ NCIC  
\_\_\_\_\_ OCIS  
\_\_\_\_\_ Suicidal  
\_\_\_\_\_ Other \_\_\_\_\_

See also Nos. \_\_\_\_\_

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U.S. Department of Justice

Classification No.

# Federal Bureau of Investigation

Bureau File Number \_\_\_\_\_

## Cooperating Witness File

\_\_\_\_\_ Armed and Dangerous  
\_\_\_\_\_ DO NOT DESTROY  
\_\_\_\_\_ ELSUR  
\_\_\_\_\_ Escape Risk  
\_\_\_\_\_ Financial Privacy Act

\_\_\_\_\_ FOIPA  
\_\_\_\_\_ NCIC  
\_\_\_\_\_ OCIS  
\_\_\_\_\_ Suicidal  
\_\_\_\_\_ Other \_\_\_\_\_

See also Nos. \_\_\_\_\_

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U.S. Department of Justice

# Federal Bureau of Investigation

Bureau File Number \_\_\_\_\_

Classification No. \_\_\_\_\_

## Asset File

\_\_\_\_\_ Armed and Dangerous  
\_\_\_\_\_ DO NOT DESTROY  
\_\_\_\_\_ ELSUR  
\_\_\_\_\_ Escape Risk  
\_\_\_\_\_ Financial Privacy Act

\_\_\_\_\_ FOIPA  
\_\_\_\_\_ NCIC  
\_\_\_\_\_ OCIS  
\_\_\_\_\_ Suicidal  
\_\_\_\_\_ Other \_\_\_\_\_

See also Nos. \_\_\_\_\_  
\_\_\_\_\_  
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U.S. Department of Justice

**OFFICE OF  
LEGAL ATTACHE**

Legat. \_\_\_\_\_

Bureau File Number \_\_\_\_\_

Classification No. \_\_\_\_\_

File No. \_\_\_\_\_

**Field Office Criminal Investigative  
and Administrative Files**

Serials \_\_\_\_\_

\_\_\_\_\_ Armed and Dangerous

\_\_\_\_\_ DO NOT DESTROY

\_\_\_\_\_ ELSUR

\_\_\_\_\_ Escape Risk

\_\_\_\_\_ Financial Privacy Act

\_\_\_\_\_ FOIPA

\_\_\_\_\_ NCIC

\_\_\_\_\_ OCIS

\_\_\_\_\_ Suicidal

\_\_\_\_\_ Other \_\_\_\_\_

See also Nos. \_\_\_\_\_

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U.S. Department of Justice

**Federal Bureau  
of  
Investigation**

Bureau File Number \_\_\_\_\_

Classification No. \_\_\_\_\_

**National Security Investigative Files**

\_\_\_\_\_ Armed and Dangerous

\_\_\_\_\_ DO NOT DESTROY

\_\_\_\_\_ ELSUR

\_\_\_\_\_ Escape Risk

\_\_\_\_\_ Financial Privacy Act

\_\_\_\_\_ FOIPA

\_\_\_\_\_ NCIC

\_\_\_\_\_ OCIS

\_\_\_\_\_ Suicidal

\_\_\_\_\_ Other \_\_\_\_\_

See also Nos. \_\_\_\_\_

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**U.S. DEPARTMENT OF JUSTICE**

**FEDERAL BUREAU  
OF  
INVESTIGATION**

Bureau File Number

**FIELD OFFICE PERSONNEL FILES**

**See also Nos.**

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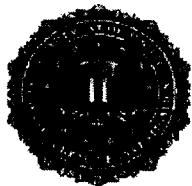
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\_\_\_\_\_



FD-252 (Rev 10/07/2002)

FD Forms | PRAU | ASD Home



## Employee Suggestion

**FBI Suggestion Program**  
**Performance, Recognition and Awards Unit**  
**Administrative Services Division**

**To: Performance, Recognition and Awards Unit (PRAU)**  
**Administrative Services Division**

Official Bureau Name (Last First MI):

Additional hardcopy documents to follow: ☐ No ☐ Yes  
(Mail additional documentation to PRAU, Room 6854)

Suggestion:

Current practice or policy (include pertinent manual citations):

Advantages of suggestion and annual savings (include basis for estimate):

Disadvantages of suggestion (if any):



The use of suggestion by the United States shall not form the basis of a further claim of any nature by me, my heirs, or assigns upon the United States. I understand that I will be consid for any justified award if my suggestion is adopted. **Electronic submission of this form conveys concurrence.**



U.S. Department of Justice  
Federal Bureau of Investigation



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***There's a  
place for  
you in  
today's  
FBI.***



---

Special Agent  
Qualifications

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**SPECIAL AGENT** applicants are required to take the written examination administered at the nearest FBI field office by appointment. These examinations are scored by computer at FBI Headquarters. Those applicants successfully passing the exam will be afforded an interview based upon their overall qualifications and the needs of the Bureau. Individuals given consideration for employment must undergo a thorough background investigation. A polygraph examination is required, and all prospective FBI employees will be required to submit to a urinalysis to determine illegal drug usage.

Newly appointed Special Agents report to the FBI Academy at Quantico, Virginia, and undergo training for approximately 16 weeks. New Special Agents receive a salary at the GS 10 level, and are eligible for additional compensation for overtime upon completion of training. Training at the Academy generally consists of classroom instruction, physical fitness, and firearms training.

The minimum passing grade on each academic examination is 85 percent and other disqualifying conditions which will result in dismissal are:

- (1) failure of two examinations
- (2) failure to demonstrate proficiency in defensive tactics
- (3) failure to demonstrate proficiency on all qualifying firearms courses by the eleventh week of training
- (4) failure to safely handle weapons during firearms training regardless of score
- (5) failure to demonstrate proficiency in simulated arrest situations
- (6) violations of conduct rules and regulations during training

Each new Agent serves a one-year probationary period in an FBI field office upon successful completion of training at the FBI Academy, and thereafter, becomes a permanent employee.

The Agent trainee will also be expected to demonstrate a high level of physical fitness during training at the FBI Academy. The physical exercises are as follows:

### NEW AGENTS' PHYSICAL FITNESS EXERCISES AND SELF-ASSESSMENT SCALE

#### MEN

<u>Pull-Ups</u>	
Number Completed	Points
2-3	1
4-5	2
6-7	3
8-9	4
10-11	5
12-13	6
14-15	7
16-17	8
18-19	9
20 or more	10

<u>Push-Ups</u>	
Number Completed	Points
25-30	1
31-35	2
36-40	3
41-45	4
46-50	5
51-55	6
56-60	7
61-65	8
66-70	9
71 or more	10

<u>Sit-Ups</u>	
Number Completed	Points
46-51	1
52-57	2
58-63	3
64-69	4
70-75	5
76-81	6
82-87	7
88-93	8
94-99	9
100 or more	10
(Sit-Ups done within 2-minute time limit)	

<u>120-Yard Shuttle Run</u>	
Time	Points
25.1-26.0	1
24.6-25.0	2
24.1-24.5	3
23.6-24.0	4
23.2-23.5	5
22.8-23.1	6
22.4-22.7	7
22.0-22.3	8
21.6-21.9	9
21.5 or less	10

<u>Two-Mile Run</u>	
Time	Points
15:49-16:30	1
15:24-15:48	2
14:55-15:23	3
14:26-14:54	4
13:57-14:25	5
13:28-13:56	6
12:59-13:27	7
12:30-12:58	8
12:01-12:29	9
12:00 or less	10

*Total possible points: 50*

#### WOMEN

<u>Modified Pull-Ups</u>	
Number Completed	Points
10-11	1
12-13	2
14-15	3
16-17	4
18-19	5
20-21	6
22-23	7
24-25	8
26-27	9
28 or more	10

<u>Push-Ups</u>	
Number Completed	Points
14-17	1
18-21	2
22-25	3
26-29	4
30-33	5
34-37	6
38-41	7
42-45	8
46-49	9
50 or more	10

<u>Sit-Ups</u>	
Number Completed	Points
46-51	1
52-57	2
58-63	3
64-69	4
70-75	5
76-81	6
82-87	7
88-93	8
94-99	9
100 or more	10
(Sit-Ups done within 2-minute time limit)	

<u>120-Yard Shuttle Run</u>	
Time	Points
28.1-29.0	1
27.6-28.0	2
27.1-27.5	3
26.6-27.0	4
26.1-26.5	5
25.6-26.0	6
25.1-25.5	7
24.6-25.0	8
24.1-24.5	9
24.0 or less	10

<u>Two-Mile Run</u>	
Time	Points
17:56-18:45	1
17:21-17:55	2
17:01-17:20	3
16:31-17:00	4
15:51-16:30	5
15:31-15:50	6
15:01-15:30	7
14:31-15:00	8
13:46-14:30	9
13:45 or less	10

*Total possible points: 50*



**SPECIAL AGENT** candidates must:

- (1) be a United States citizen.
- (2) be completely available for assignment anywhere in the Bureau's jurisdiction.
- (3) have reached his/her 23rd but not his/her 37th birthday.
- (4) have uncorrected vision not worse than 20/200 (Snellen) and corrected 20/20 in one eye and no greater than 20/40 in the other eye. All applicants must pass a color vision test.
- (5) meet following hearing standards by audiometer test. No applicant will be considered who exceeds the following: (a) average hearing loss of 25 decibels (ANSI) at 1000, 2000, and 3000 Hertz; (b) single reading of 35 decibels at 1000, 2000, or 3000 Hertz; (c) single reading of 35 decibels at 500 Hertz; (d) single reading of 45 decibels at 4000 Hertz.
- (6) possess a valid driver's license.
- (7) be in excellent physical condition with no defects which would interfere in firearm use, raids, or defensive tactics.

The four entrance programs under which **SPECIAL AGENTS** qualify are:

1. **LAW** - law school graduates with two years of undergraduate work.
2. **ACCOUNTING** - graduate of a four-year college or university with a degree in accounting or degree in another discipline, preferably economics, business or finance, with a major in accounting. An applicant must also have passed the Uniform Certified Public Accountant Examination or provide certification from the school at which the accounting degree or major was earned that he/she is academically eligible to sit for the above examination.
3. **LANGUAGE** - four-year college degree plus fluency in foreign language(s) for which the Bureau has a current need.
4. **DIVERSIFIED** - four-year college degree plus three years' full-time work experience. Those individuals possessing an advanced degree need only have two years' work experience.

To qualify educationally under any entrance program except Law, one must possess a resident degree from a school accredited by an accrediting body of the Commission on Institutions of Higher Education. Law degrees must be from a state-accredited, resident school, and a law candidate's undergraduate work must be from a resident school accredited as above.



## **Instructions for Reporting Harmful Interference**

1. When using the radio frequency spectrum, some interference can be expected. However, **harmful** interference should not be tolerated. Harmful interference is "Interference which endangers the function of a radionavigation service or other safety service or seriously degrades, obstructs, or repeatedly interrupts a radiocommunication service operating in accordance with proper rules, regulations, laws, and treaties."
2. When harmful interference is received, the following actions should be taken:
  - a. First and foremost, determine if you are operating on an assigned frequency at the authorized location and all of your equipment is set up to match your frequency assignment. This would include the power of the radio and the antenna type, gain, and height (if a base station). If you are not operating legally, you have no reason to complain.
  - b. Determine the source, if possible. Within the United States the FCC district offices and monitoring stations can assist in determining the source of harmful interference and may be contacted directly for such assistance.
  - c. If the source is identified, try to eliminate the harmful interference by dealing directly with individuals located at the source. Just ask that they confirm that they are operating legally. Then, have them do a test to confirm that they are actually causing the interference.
  - d. If direct action is impracticable or unsuccessful, report the circumstances to the Radio Systems Development Unit/Frequency Management Group (RSDU/FMG).
3. When reporting harmful interference, provide all possible information concerning the interference to the FMG. Please use the Radio Frequency Interference Report Form to provide this information.
4. When operating near the Canadian and Mexican borders, some interference can be expected. However, if the interference causes interruption of your operation, report it immediately. As in any Interference Report, you should include everything you know or can find out. Include call signs, conversations, accents, etc.
5. If you have a tape recorder, tape the interference and forward it to RSDU/FMG.



[illegible]



# Memorandum



To : Director, FBI

Date

From : SAC,

(67-

Subject :

BUAP

BUDED

Reference:

Enclosed are the following:

- ☐ Formal Application ☐ w/photo ☐ photo follows  
☐ FD-190a (Support Applicant Interview Form)  
☐ Fingerprint Card  
☐ Typing Test  
☐ Steno Test  
☐ Physical Examination for SA arranged on \_\_\_\_\_

Applicant desires employment

as a \_\_\_\_\_  
☐ at FBIHQ  
☐ in the \_\_\_\_\_ Office.  
 Investigation being initiated immediately.

The following offices are being furnished ☐ leads  
☐ reproductions of application ☐ FD-406 ☐ reproductions of  
 FD-190/FD-190a, where needed, and are requested to conduct  
 indicated investigation.

2 - Bureau - Enc. ( )

2 - PG - Enc.

## AGENCY CHECK RESULTS

(For WFO use only)

AGENCY	RES.	DATE	INIT.
INS			
OSI			
ST-PP			
BVS			
CR-DC			
MPD			
PARK			
MONT-PD			
PG-PD			
DMV			

(For BA use only)

AGENCY	RES.	DATE	INIT.
DCII			
DIS			
AIRR			
NIS			
OSI			
STATUS:			

(For AX use only)

AGENCY	RES.	DATE	INIT.
AX-PD			
ARL-PD			
FX-PD			
FX CITY-PD			
F.C.-PD			
P.W.-PD			
VIEN-PD			
CIA			
NIS			
STATUS:			

(For PG use only)

AGENCY	RES.	DATE	INIT.
OPM			

(For CG use only)

AGENCY	RES.	DATE	INIT.
SSS			





Case# \_\_\_\_\_

Date: \_\_\_\_\_ Day: \_\_\_\_\_

Monitor: \_\_\_\_\_

Disk/Tape#: \_\_\_\_\_ Page #: \_\_\_\_\_

Signature: \_\_\_\_\_

Target Telephone: \_\_\_\_\_

Source Number: \_\_\_\_\_

Call #	Comm. Term	Number Dialed/Trapped	Digits	Call Type	Mon. Init.	Activity Intercepted
	----- -----	(     ) -----	----- -----	In Out M C O P		
	----- -----	(     ) -----	----- -----	In Out M C O P		
	----- -----	(     ) -----	----- -----	In Out M C O P		
	----- -----	(     ) -----	----- -----	In Out M C O P		
	----- -----	(     ) -----	----- -----	In Out M C O P		

P: Number of Pertinent Calls: \_\_\_\_\_

M: Number of Minimized Calls: \_\_\_\_\_

C: Number of Complete Nonpertinent Calls: \_\_\_\_\_

Total of all Types of Completed Calls: \_\_\_\_\_

O: Off-Hook, Power Surges, Etc.: \_\_\_\_\_

White - Original

Yellow - Agent Copy

Pink - AUSA



FD-299 (3-14-57)  
STOCK NO.

# HISTORICAL RECORD

ORDERED			RECEIVED				DUE-IN	INVENTORY PRICE	LEAD TIME	CONSUMPTION				
DATE	DOC. NO.	QUANTITY	DATE	DOC. NO.	QUANTITY	UNIT COST				TOTAL COST	MONTH	19	19	19
										JAN				
										FEB				
										MAR				
										APR				
										MAY				
										JUNE				
										JULY				
										AUG				
										SEPT				
										OCT				
										NOV				
										DEC				
										ORDER UNIT		ISSUE UNIT		
										INTERIM REVIEW POINT				
										DATE				
										QUANT.				
										DATE				
										QUANT				
										LOCATION				
										BULK				FBI/DOJ
										BIN				



STOCK NO.

ORDERED			RECEIVED				DUE-IN	INVENTORY PRICE	LEAD TIME	CONSUMPTION					
DATE	DOC. NO.	QUANTITY	DATE	DOC. NO.	QUANTITY	UNIT COST				TOTAL COST	MONTH	19	19	19	19
										JAN					
										FEB					
										MAR					
										APR					
										MAY					
										JUNE					
										JULY					
										AUG					
										SEPT					
										OCT					
										NOV					
										DEC					
										ORDER UNIT			ISSUE UNIT		
INTERIM REVIEW POINT															
										DATE					
										QUANT.					
										DATE					
										QUANT					
LOCATION															
										BULK					
										BIN					



<b>APPLICANT</b>	LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK										FBI	LEAVE BLANK	
		LAST NAME <u>NAM</u>		FIRST NAME				MIDDLE NAME						
	SIGNATURE OF PERSON FINGERPRINTED	ALIASES <u>AKA</u>		O R I										
	RESIDENCE OF PERSON FINGERPRINTED													DATE OF BIRTH <u>DOB</u> Month Day Year
	DATE	SIGNATURE OF OFFICIAL TYPING FINGERPRINTS		CITIZENSHIP <u>CTZ</u>	SEX	RACE	HGT	WGT	EYES	HAIR	PLACE OF BIRTH <u>POB</u>			
EMPLOYER AND ADDRESS			YOUR NO <u>OCA</u>	LEAVE BLANK										
REASON FINGERPRINTED			FBI NO <u>EBJ</u>	CLASS _____										
			ARMED FORCES NO <u>MNU</u>	REF _____										
			SOCIAL SECURITY NO. <u>SOC</u>											
			MISCELLANEOUS NO <u>MNU</u>											

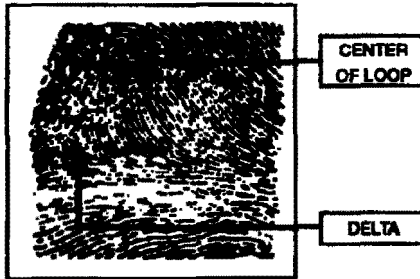
1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE	
6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. LITTLE	
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L. THUMB		R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	



**FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE  
CJIS DIVISION/CLARKSBURG, WV 26306**

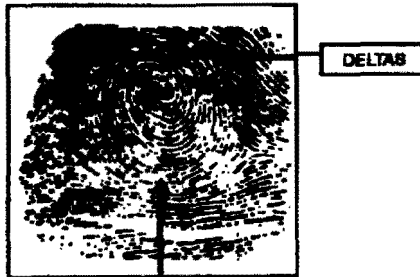
**APPLICANT**

**1. LOOP**



THE LINES BETWEEN CENTER OF  
LOOP AND DELTA MUST SHOW

**2. WHORL**



THESE LINES RUNNING BETWEEN  
DELTAS MUST BE CLEAR

**3. ARCH**



ARCHES HAVE NO DELTAS

FD-200 (REV. 5-11-68)

**TO OBTAIN CLASSIFIABLE FINGERPRINTS**

1. USE BLACK PRINTER'S INK
2. DISTRIBUTE INK EVENLY ON INKING SLAB
3. WASH AND DRY FINGERS THOROUGHLY.
4. ROLL FINGERS FROM NAIL TO NAIL, AND AVOID ALLOWING FINGERS TO SLIP.
5. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER.
6. NOTATE IN THE APPROPRIATE FINGER BLOCKS IF APPLICANT IS MISSING ONE OR MORE FINGERS FOR ANY REASON. IF NOT MISSING, ALL TEN IMPRESSIONS MUST BE PROVIDED WITH SCARS AND DEFORMITIES NOTATED.
7. IF SOME PHYSICAL CONDITION MAKES IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, SUBMIT THE BEST THAT CAN BE OBTAINED.
8. EXAMINE THE COMPLETED PRINTS TO SEE IF THEY CAN BE CLASSIFIED, BEARING IN MIND THAT MOST FINGERPRINTS FALL INTO THE PATTERNS SHOWN ON THIS CARD (OTHER PATTERNS OCCUR INFREQUENTLY AND ARE NOT SHOWN HERE).

**THIS CARD FOR USE BY:**

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS\*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.\*\*
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

**LEAVE THIS SPACE BLANK**

**INSTRUCTIONS:**

1. PRINTS MUST FIRST BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
  2. PRIVACY ACT OF 1974 (PL. 93-579) REQUIRES THAT FEDERAL STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION AND USES WHICH WILL BE MADE OF IT.
  3. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
  4. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO. PASSPORT NO. (PP), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS) VETERANS' ADMINISTRATION CLAIM NO. (VA).





U.S. Department of Justice

Federal Bureau of Investigation

Washington, D.C. 20535

November 28, 2005

Request No.: 1010710- 000  
Subject: FORMS/26 SPECIFIC

This letter is in the reference to the Freedom of Information-Privacy Acts (FOIPA) request submitted by you to the FBI. The enclosed file is being furnished to you in its entirety. No deletions in this material were found to be necessary.

Pursuant to Title 28, Code of Federal Regulations, Sections 16.11 and 16.49, there is a fee of ten cents per page for duplication of the enclosed documents. Please submit your check or money order in the amount of \$4.30 payable to the Federal Bureau of Investigation. Normally the first 100 pages released are free, but you have already received 227 pages of FBI forms from previous requests, and it was our error in not charging you up to this point. To insure proper identification of your request, please return this letter or include the FOIPA request number with your payment.

If you desire, you may appeal any decisions reflected herein. Appeals should be directed in writing to the Co-Director, Office of Information and Privacy, United States Department of Justice, Flag Building, Suite 570, Washington, D.C. 20530, within sixty days from receipt of this letter. The envelope and the letter should be marked "Freedom of Information Appeal" or "Information Appeal." Please cite the FOIPA number assigned to your request so that it may be easily identified.

Sincerely yours,

A handwritten signature in black ink, appearing to read "D. Hardy", is written over the typed name.

David M. Hardy  
Section Chief  
Record/Information  
Dissemination Section  
Records Management Division

Enclosure



**ACCESS OF NON-FBI PERSONNEL TO FBI FACILITIES  
BACKGROUND DATA INFORMATION FORM  
(COMPLETE ALL ITEMS)**

Name (Type or Print Legibly)		Other Names Used (Maiden name and alias)	
Residence (Include City and State)		Social Security Number	
Date of Birth Month/Day/Year	Place of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Company Name & Address		Supervisor & Telephone Number	
U. S. Citizenship: <input type="checkbox"/> By Birth <input type="checkbox"/> By Naturalization <input type="checkbox"/> By Other			
Location Naturalized		Date Naturalized	
Alien Registration Number	Location Registered	Date Registered	
<p>Have you ever <u>been charged</u> with or convicted of any felony offense <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>Have you ever <u>been charged</u> with or convicted of a firearms or explosives offense? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>Are there <u>currently</u> any charges pending against you for any criminal offense? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>Have you <u>ever been</u> charged with or convicted of any offense(s) related to alcohol or drugs? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>In the last 10 years, <u>have you been</u> arrested for, charged with, or convicted for any offense(s) not listed above? (Leave out traffic fines less than \$100) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p><b>If yes, or if you have doubts (e.g.-expungement, pardon, etc.) furnish details on back of form. Attach additional sheet, if necessary.</b></p>			
<p>Have you ever lived in or visited a foreign country <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, furnish details. Attach additional sheet, if necessary</p>			

**CERTIFICATION THAT MY ANSWERS ARE TRUE**

I have read and understand each of the above questions. My statements on this form, and any attachments to this form, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both and will be reason to deny access to all FBI facilities.

Signature \_\_\_\_\_  
(Sign in Ink)

Date \_\_\_\_\_



Date \_\_\_\_\_

To: Assistant Director, Training Division

From: SAC, \_\_\_\_\_ Field File # \_\_\_\_\_

**Subject: REPORT ON CAP-STUN USE INVOLVING SPECIAL AGENT(S) AND/OR  
ACCOMPANYING LAW ENFORCEMENT OFFICERS**

(It is the responsibility of the Principal Firearms Instructor or their designee to complete this form in its entirety.)  
(Submit via airtel within 5 days of the incident)

Briefly describe the circumstances involving the use of CAP-STUN:

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**PERSONAL DATA**

Official Name of Agent/Officer: \_\_\_\_\_

Agency/Office Name and Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ EOD: \_\_\_\_\_

Duty Status at Time of Incident: ☐ On Duty ☐ Off Duty

Total Years of Law Enforcement Experience: \_\_\_\_\_

**INCIDENT DATA**

Date of Incident: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Time: \_\_\_\_\_

Briefly describe lighting conditions: \_\_\_\_\_

---

CAP-STUN was utilized: ☐ Indoors ☐ OutdoorsCAP-STUN utilized against: ☐ Person ☐ Animal

If outdoors, describe weather conditions (i.e., wind, rain, temperature, etc.): \_\_\_\_\_

---

Number of Subjects: \_\_\_\_\_

Number of Agents/Officers on the Scene: \_\_\_\_\_

Number of Agents/Officers Discharging CAP-STUN: \_\_\_\_\_

Number of Other Persons Present: \_\_\_\_\_



### TYPE OF INVESTIGATION

Classification of Violation: \_\_\_\_\_

☐ Planned Arrest

☐ Spontaneous

☐ Planned Raid

☐ Other \_\_\_\_\_

### DISTANCE

Estimate the distance between the Agent and the subject when the Agent discharged the CAP-STUN unit.

☐ 0 - 5 feet

☐ 11 - 20 feet

☐ 6 - 10 feet

☐ Other \_\_\_\_\_ feet

### MODEL OF CAP-STUN UNIT USED BY THE AGENT

☐ Z-205 - .42 ounces

☐ Z-505 - 5 ounces - crowd unit

☐ Z-305 - 1 ounce

☐ Z-605 - 5 ounces - aerosol grenade

### NUMBER OF SPRAYS FIRED BY AGENT AND DURATION (IN SECONDS)

☐ 1. \_\_\_\_\_ seconds

☐ 2. \_\_\_\_\_ seconds

☐ 3. \_\_\_\_\_ seconds

☐ Continuous spray for \_\_\_\_\_ seconds

☐ Other \_\_\_\_\_ number of sprays \_\_\_\_\_ seconds

### NUMBER OF SPRAYS STRIKING SUBJECT (INDICATE IN CATEGORIES LISTED BELOW)

☐ Face and Eyes

☐ Top of Head

☐ Side of Face

☐ Neck Area

☐ Upper Chest

☐ Other



### INJURIES TO AGENT/OFFICER

Was the Agent/Officer injured as a result of the incident?

☐ Yes ☐ No

If so, briefly describe the nature of the injuries: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### INJURIES TO SUBJECT(S)

Was the subject injured as a result of the incident? ☐ Yes ☐ No

If so, briefly describe the nature of the injuries: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EFFECTIVENESS OF CAP-STUN

- |   |   |
|---|---|
| <input type="checkbox"/> Subject affected/subdued     | <input type="checkbox"/> Subject affected but continued |
| <input type="checkbox"/> Subject unaffected           | to resist   |
| <input type="checkbox"/> Higher level of force needed | <input type="checkbox"/> Agent/Officer affected         |

### AFTERCARE PROCEDURE

- ☐ Fresh air and/or water sufficient
- ☐ Fresh air, soap, and water
- ☐ Subject offered medical treatment - declined
- ☐ Subject received medical treatment

### RECOVERY TIME

Exposed individual(s) recovered in \_\_\_\_\_ minutes.

### SUBJECT(S)' DATA

Complete this section for each subject involved in the initial investigation. (If more than one subject, attach additional sheet with appropriate data.)

Subject's Name: \_\_\_\_\_

Sex: ☐ Male ☐ Female

List the subject's known criminal history: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### SUBJECT'S CONDITION

**Under the Influence of:**

- ☐ Alcohol  
☐ Drugs  
☐ Drugs and Alcohol  
☐ Violent/Noncompliant  
☐ Appeared Mentally Unstable  
☐ None Noted

**TYPE OF WEAPON USED BY THE SUBJECT**

Was the subject armed? ☐ Yes ☐ No

If so, what type of weapon (to include animals): \_\_\_\_\_

### USE OF CAP-STUN ON ANIMAL(S)

Type: \_\_\_\_\_ Size: \_\_\_\_\_

Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

Number of animals: \_\_\_\_\_

Effect of CAP-STUN on animal(s): \_\_\_\_\_

What lessons can be learned from this incident, and what could the Training Division do to better prepare Agents for this type of incident/problem? (If additional time is needed to respond to this question, a response may be submitted by separate airtel within 10 working days.)

[illegible]





DATE:

TO:

FROM:

SUBJECT: REQUEST FOR ACCESS TO OFFICIAL PERSONNEL FILE

I request the opportunity to review my official personnel file.

I understand that I will not be permitted to remove documents from my personnel file nor will copies of documents contained in my personnel file be provided to me until such time as I submit a Privacy Act request. I am aware, however, that I am entitled to submit, for inclusion in my personnel file, a response or rebuttal of any information contained therein.

In addition, I understand that the terms of my employment with the FBI preclude discussion of classified and/or sensitive information contained in FBI files.

\_\_\_\_\_  
Signature

-----  
-----  
On \_\_\_\_\_, I was afforded an opportunity to review my personnel file.

Information was redacted for one or more of the following reasons and the appropriate numeral(s) appears next to the redacted information:

- I. Instances where confidentiality has been requested.
- II. Personal information regarding living third parties such as friends, relatives, other employees, etc.
- III. Testing materials.
- IV. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

THIS IS NOT A PRIVACY ACT REQUEST



XXXXXX  
XXXXXX  
XXXXXX**FEDERAL BUREAU OF INVESTIGATION  
WITHHELD PAGE INFORMATION SHEET**

\_\_\_\_\_ Page(s) withheld entirely at this location in the file.

- ☐ I. Instances where confidentiality has been requested.
- ☐ II. Personal information regarding living third parties such as friends, relatives, other employees, etc.
- ☐ III. Testing materials.
- ☐ IV. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Information pertained only to a third party with no mention of you.

☐ For your information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The following information identifies the document and/or pages being withheld and the location in the file:

File number: \_\_\_\_\_

Serial: \_\_\_\_\_

Doc. Date: \_\_\_\_\_

Doc. Descr.: \_\_\_\_\_

XXXXXX  
XXXXXX  
XXXXXXXXXXXX  
XXXXXX  
XXXXXX





## FOREIGN NATIONALS SECURITY ACKNOWLEDGMENT FORM

**Instruction:** Read, date, sign and keep  
one of the two copies.

I hereby acknowledge by my signature that I am fully aware, and understand completely, the information provided to me during the security briefing. I also agree to adhere to the below-listed instructions:

1. I will not read or browse through computerized data, files, or any materials that may be on desks or other office furniture.
2. As a condition of my having access to an FBI facility, I will not disclose to unauthorized persons any information that may come to my attention as a result of my work at the FBI facility.
3. I will report any attempts to obtain information concerning FBI cases, operations, personnel, or facilities.
4. I will not attempt to access or venture into any space without prior permission or approval from the appropriate FBI personnel.
5. I will report any planned foreign travel outside the United States or contact with foreign nationals who are not US or \_\_\_\_\_ citizens to the FBI Security Programs Manager, the Division security Officer, or my FBI point of contact.
6. I will report any security violations, whether committed by myself or others, to either the Security Programs Manager, the Division Security Officer, or my FBI point of contact.
7. I will advise the Security Programs Manager, or the Division Security Officer if, while I have access to an FBI facility, I am involved in any violations of the law, have adverse contact with a police agency, or are involved in any other situation that may impact the FBI's or my agency's assessment of trustworthiness.
8. I understand the possible consequences if I violate FBI security requirements.

Continued - Over



## IF ISSUED A SECURITY BADGE

1. I will safeguard my access badge and display it only while in an FBI facility. I will not otherwise use my badge to indicate my relationship with the FBI.
2. I will immediately report to the FBI Security Programs Manager, Division Security Officer, or my FBI point of contact if my badge is lost, stolen, or misplaced.
3. I will not attempt entry with a badge that I know has been reported as being lost, stolen, misplaced or does not belong to me.
4. I will not give my badge to another person or allow another person to use my badge.
5. I will advise the FBI Security Programs Manager, Division Security Officer, or my FBI point of contact of the identity of any individual attempting to gain entry either illegally or by attempting to circumvent FBI security policies and procedures.
6. I acknowledge the Security badge to be FBI property and will ensure its return to FBI security when no longer needed.
7. I also understand the issuance of the Security badge does not entitle me to escort others within FBI space.

---

Date \_\_\_\_\_

Printed Signature \_\_\_\_\_

Written Signature \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Company Name \_\_\_\_\_

Witness: \_\_\_\_\_ Position: \_\_\_\_\_

(Security Officer or other designated  
officials)

Date: \_\_\_\_\_



# Federal Bureau of Investigation

## Drug Deterrence Program Refusal

On this date \_\_\_\_\_, I \_\_\_\_\_ am  
(MM/DD/YYYY) (Printed Name)

refusing to submit a urine sample in accordance with the FBI's Drug Deterrence Program. I have been made aware that refusing to be tested when so required will be considered insubordinate and subject to the full range of disciplinary action, up to and including dismissal, pursuant to the Manual of Administrative Operating Procedures (MAOP), Part I, Section 1-25.11 (5).

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
DDP Collector/Coordinator Signatures

\_\_\_\_\_  
Office Location



## SENSITIVE INFORMATION NONDISCLOSURE AGREEMENT

**An Agreement between \_\_\_\_\_  
and the Federal Bureau of Investigation (FBI) regarding the following activities:**

1. Intending to be legally bound, I hereby accept the obligations contained in this Agreement in consideration of my being granted access to sensitive information from FBI investigations as required to perform my duties. As used in this Agreement, sensitive information is marked or unmarked information, including, but not limited to, oral communications, the disclosure of which may compromise, jeopardize or subvert any investigation. Sensitive information also includes information relating to closed investigations, the disclosure of which might compromise, jeopardize or subvert other law enforcement activities or investigations. I understand and accept that by being granted access to this sensitive information, special confidence and trust shall be placed in me by the FBI.

2. I hereby acknowledge that I have received an indoctrination concerning the nature and protection of sensitive information, including the procedures to be followed in ascertaining whether other persons to whom I contemplate disclosing this information have been approved for access to it, and that I understand these procedures.

3. I have been advised that the unauthorized disclosure, unauthorized retention, or negligent handling of sensitive information may cause irreparable damage to FBI investigations and that I will never divulge sensitive information to anyone unless (a) I have officially verified that the recipient has been properly authorized by the FBI to receive it; or (b) I have been given prior written notice of authorization from the FBI that such disclosure is permitted. I understand that if I am uncertain as to the sensitive nature or status of information, I am required to confirm from an authorized official that the information may be disclosed prior to disclosure of this information.

4. I have been advised that any breach of this Agreement may result in the termination of my relationship with the FBI. In addition, I have been advised that any unauthorized disclosure of information by me may constitute a violation or violations of United States criminal laws, including Title 18, United States Code, or may lead to criminal prosecution for obstruction of lawful government functions. I realize that nothing in this Agreement constitutes a waiver by the United States of the right to prosecute me for any statutory violation.

5. I understand that all sensitive information to which I have access or may obtain access by signing this agreement is now and will remain the property of, or in the control of the FBI unless otherwise determined by an authorized official or final ruling in a court of law. I agree that I shall return all sensitive materials which have or may come into my possession, or for which I am responsible because of such access: (a) upon demand by an authorized representative of the United States Government; or (b) upon the conclusion of my relationship with the FBI, whichever occurs first.



6. Unless and until I am released in writing by an authorized representative of the FBI, I understand that all conditions and obligations imposed upon me by this Agreement apply during the time I am granted access to the sensitive information and at all times thereafter.

7. Each provision of this Agreement is severable. If a court should find any provision of this Agreement to be unenforceable, all other provisions of this Agreement shall remain in full force and effect.

8. I understand that the United States Government may seek any remedy available to it to enforce this Agreement including, but not limited to, application for a court order prohibiting disclosure of information in breach of this agreement. I hereby assign to the United States Government all royalties, remunerations, and emoluments that have resulted, will result or may result from any disclosure, publication, or revelation of sensitive information not consistent with the terms of this Agreement.

9. I have read this Agreement carefully and my questions, if any, have been answered.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Organization (if contractor, provide name and address):

The briefing and execution of this Agreement was witnessed by

\_\_\_\_\_ (type or print name)

Signature \_\_\_\_\_ Date \_\_\_\_\_

-----

#### SECURITY DEBRIEFING ACKNOWLEDGMENT

I reaffirm that the provisions of the Federal criminal laws applicable to the safeguarding of sensitive information have been made available to me; that I have returned all sensitive information in my custody; that I will not communicate or transmit sensitive information to any unauthorized person or organization; that I will promptly report to the FBI any attempt by an unauthorized person to solicit sensitive information, and that I have received a debriefing regarding the security of sensitive information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Witness (type or print) \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_





## U.S. Department of Justice

## Federal Bureau of Investigation

Washington, D.C. 20535

## BY COURIER

Date:

Return to Room \_\_\_\_\_

To: Director, Central Intelligence Agency

Name \_\_\_\_\_

☐ Attention: Deputy Director for Operations

Extension \_\_\_\_\_

☐ Attention: Office of the Director of Personnel Security

From: Director, Federal Bureau of Investigation

Subject:

SSAN:

## NAME CHECK REQUEST

It is requested that this Bureau be furnished with all information available in the files of your agency's

☐ Office of the Director of Personnel Security ☐ Office of the Deputy Director for Operations, concerning captioned subject.

Positive information should be attached to this form, classified where appropriate, and returned to this Bureau. If the requested check is negative, return this form with stamped notation to that effect.

Date and Place of Birth	Aliases	Sex	Marital Status	Spouse's Name
Residence Address		Occupation		
Current Employer		Former Employments		
Position Applying For		Clearance Level		
Additional Remarks				

1 - Deputy Director for Operations

1 - Director of Personnel Security





# MAIL/PACKAGE ALERT

(Notify Appropriate Personnel and Post on X-ray Machine)

From: \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Point of Contact: \_\_\_\_\_

Shipment Method:

Telephone Number: \_\_\_\_\_

☐ FedEx

Date Sent: \_\_\_\_\_

☐ USPS Registered

Accountable/Tracking Number: \_\_\_\_\_

☐ USPS Certified

☐ UPS

☐ Other: \_\_\_\_\_

Description of Contents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_



## FEDERAL BUREAU OF INVESTIGATION

## Immunization Questionnaire

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Division: \_\_\_\_\_

SSN: \_\_\_\_\_

Known Medical Problems: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Allergies: \_\_\_\_\_

Please respond **Yes**, **No** or **Unknown** to the following questions. If **Yes**, please place the date, the dosage, facility where given, and person (if known), who gave it to you. If you have traveled overseas you should have all injections listed on your Travel Immunization Record. Some of these are a series of immunizations and some are childhood immunizations. A good resource is the college where you graduated.

Have you ever been **immunized** or **had** any of the following?

Immunization	Yes	No	Unk	Date	Dosage	Facility Where Injection Given	Person Giving Injection
<b>Diphtheria/Tetanus (Td)</b>							
Dose one							
Dose two							
Dose three							
<b>Hepatitis A (Havrix or VAQTA)</b>							
Dose one							
Dose two							
<b>Hepatitis B</b>							
Dose one							
Dose two							
Dose three							
<b>Influenza</b>							
<b>Measles (3 days) (Rubella)</b>							
<b>Measles (9 days) (Rubeola)</b>							
<b>Meningococcal Meningitis (MM)</b>							
<b>MMR (Measles, Mumps, Rubella)</b>							



Immunization	Yes	No	Unk	Date	Dosage	Facility Where Injection Given	Person Giving Injection
<b>Pertussis (Whooping Cough)</b>							
Dose one							
Dose two							
Dose three							
<b>Polio</b>							
Dose one							
Dose two							
Dose three							
Adult Booster (OPV)							
<b>Rabies</b>							
Pre Exposure							
Dose one							
Dose two							
Dose three							
Post Exposure							
Dose one							
Dose two							
Dose three							
Dose four							
Booster							
<b>Typhoid (oral)</b>							
<b>Yellow Fever</b>							
<b>Japanese Encephalitis</b>							
<b>Other</b>							



## Privacy Act Statement

### Authority and Principal Purposes for which Information is Intended to be Used

Authority for maintenance of these records includes 5 U. S. C. §§ 3301 and 7901; 5 C. F. R. §§ 293 and 297; and 28 C. F. R. § 0.137. Providing this personal information will facilitate and document your health care. The information you furnish will be maintained in your medical file in order to ensure that your medical history is current, and that no condition exists which would interfere with the performance of duty in a position involving a high degree of responsibility toward the public or sensitive national security concerns. The immunization record must be maintained and updated in the event that the nature of your duties requires exposure to chemical substances, fluids, or other dangerous materials, or in the event that your duties require overseas travel which would increase your risk to communicable diseases.

### Routine Uses

The primary use of this information is to provide, plan, and coordinate health care, as necessary. Other possible uses include: Aid in preventive health and communicable disease control programs and reporting medical conditions required by law to federal, state, and local agencies; compile statistical data; determine suitability of persons for duties or assignments; adjudicate claims and determine benefits; other lawful purposes, including law enforcement and litigation; conduct authorized investigations; evaluate care rendered; those routine uses as published in the notice for the FBI's Central Records System in the Federal Register; and other uses as established by the Office of Personnel Management for its records system, OPM/GOVT-10 - Employee Medical File System Records.

### Effects of Nondisclosure

For employees in or applying for positions for which medical qualifications or standards have been established, disclosure is mandatory. Failure to provide the requested information may lead to disqualification for the position. For others, disclosure of the requested information is voluntary. If the requested information is not furnished, it will be more difficult to provide health care as necessary; however, such care will not, unless otherwise indicated, be denied.

### Social Security Number

The Social Security Number (SSN) is utilized to identify and retrieve health care records, and to maintain the overall accuracy of Bureau health records. Solicitation of the SSN is authorized under provisions of Executive Order 9397, dated November 22, 1943. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records. The use of the SSN is made necessary because of the large number of present and former federal employees, and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

Your signature acknowledges that you have been advised of the foregoing.

---

Signature

---

Social Security Number

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Date Signed

Enclosure



PERFORMANCE SUMMARY ASSESSMENT	
Payroll Name of Employee	Social Security Number - -
Position Title, Grade, and Number	Office of Assignment
Period of Assessment From _____ to _____	
Comments	
Critical Element #1 Investigating, Decision Making, and Analyzing	
Critical Element #2 Organizing, Planning, and Coordinating	
Critical Element #3 Relating with Others and Providing Professional Service	
Critical Element #4 Acquiring, Applying, and Sharing Job Knowledge	
Critical Element #5 Maintaining High Professional Standards	
Critical Element #6 Communicating Orally and in Writing	
Critical Element #7 Intelligence Base	

Employee Initial \_\_\_\_\_



Period of Assessment From

TO

Specialized Element: Supervising (If applicable)

Specialized Element: Instructing (If applicable)

Collateral/Specialty/Coordinator duties (If applicable)

Other Comments

Signature of Employee \_\_\_\_\_

Date \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_

Date \_\_\_\_\_



# Federal Bureau of Investigation Fitness For Duty (FFD) Examination

Check One: ☐ Applicant ☐ Employee Date of FFD Exam \_\_\_\_\_

1. Were you greeted courteously? ☐ Yes ☐ No
2. Was there a suitable changing facility for examination preparation? ☐ Yes ☐ No
3. Were your screening tests in preparation for physician examination conducted in a complete and professional manner (blood draw, blood pressure, pulse, height, weight, eye pressures, vision and hearing testing, electrocardiogram)? ☐ Yes ☐ No

Comment? \_\_\_\_\_

4. Did the physician conducting the examination perform an appropriate review of your medical history, including questions regarding alcohol use, medications, operations, allergies, accidents, and hospitalization? ☐ Yes ☐ No

Comment? \_\_\_\_\_

5. Was the physician examination performed in a courteous and professional manner and were the results discussed with you, answering questions to your satisfaction? ☐ Yes ☐ No

Comment? \_\_\_\_\_

6. Was the physical examination thorough, covering all important body areas? ☐ Yes ☐ No

Comment? \_\_\_\_\_

7. What was your waiting time for examination? ☐ 10 min ☐ 10-20 min ☐ 20 min or more

8. Overall Quality of Service	Excellent	Very Good	Good	Fair	Poor
Examining Physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing/Support Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility Hygiene/Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Test Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

May we contact you for clarification or additional information? ☐ Yes ☐ No

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Comment? (Please comment if rating is fair or poor) \_\_\_\_\_

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U.S. Department of Justice

Federal Bureau of Investigation

Washington, D. C. 20535-0001

**NONDISCLOSURE AGREEMENT FOR JOINT TASK FORCE/CONTRACTOR MEMBERS****AN AGREEMENT BETWEEN \_\_\_\_\_ AND THE FBI**

(Name of Individual-Printed or Typed)

As consideration for assignment in the Federal Bureau of Investigation (FBI), United States Department of Justice, and as a condition for continued assignment, I hereby declare that I intend to be governed by and I will comply with the following provisions:

1. That I am hereby advised and I understand Federal Law, including statutes, regulations issued by the Attorney General and Orders of the President of the United States, prohibit loss, misuse or unauthorized disclosure or production of information in the files of the FBI.
2. I understand that unauthorized disclosure of information in the files of the FBI or information I may acquire as a Task Force/Contractor employee of the FBI could result in impairment of national security, place human life in jeopardy, or result in denial of due process to a person or persons who are subjects of an FBI investigation, or prevent the FBI from effectively discharging its responsibilities. I understand the need for this secrecy agreement; therefore, as consideration for assignment, I agree that I will never divulge, publish, or reveal either by word or conduct, or by other means of disclosure to any unauthorized recipient without official written authorization by the Director of the FBI or his delegate, any information from the investigatory files of the FBI or any information relating to material contained in the files, or disclose any information or produce any material acquired as a part of the performance of my official duties or because of my official status. The burden is on me to determine, prior to disclosure, whether information may be disclosed and in this regard I agree to request approval of the Director of the FBI in each such instance by presenting the full text of my proposed disclosure in writing to the Director of the FBI at least thirty (30) days prior to disclosure. I understand that this agreement is not intended to apply to information which has been placed in the public domain or to prevent me from writing or speaking about the FBI, but it is intended to prevent disclosure of information where disclosure would be contrary to the law, regulation, or public policy. I agree the Director of the FBI is in a better position than I to make that determination.
3. I agree that all information acquired by me in connection with my duties while on assignment with the FBI and all official material to which I have access remains the property of the United States of America, and I will surrender upon demand by the Director of the FBI or his delegate, or upon separation from the FBI, any material relating to such information or property in my possession. I also agree assignment to the United States of any profits resulting from the publication of information in breach of this agreement.
4. I understand that obtaining information under false pretenses or any unauthorized disclosure may be a violation of Federal law and prosecuted as a criminal offense and, in addition to this agreement, may be enforced by means of an injunction or other civil remedy. I also understand that the use of the FBI network and its automated information systems, i.e. the Automated Case Support (ACS) System, to access records other than in furtherance of authorized responsibilities will be viewed as obtaining information under false pretenses and may be in violation of the Privacy Act.



5. I agree that all the information that I will access will be for the sole purpose of authorized and lawful purposes in furtherance of the responsibilities of the particular Joint Task Force or contract under which the user is being provided access. (JTF/Contract \_\_\_\_\_ )

I accept the above provisions as conditions for my assignment and continued assignment in the FBI. I agree to comply with these provisions both during my assignment in the FBI and following termination of such assignment. I have read this Agreement carefully and my questions, if any, have been answered.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Type or Print Name)

Witnessed and accepted in behalf of the Director FBI on

\_\_\_\_\_,  
(Date)

\_\_\_\_\_,  
(Year)

by \_\_\_\_\_

(Signature)





## Application Checklist for the Special Agent Position

Date \_\_\_\_\_

Name \_\_\_\_\_ SSAN \_\_\_\_\_  
(First) (Middle) (Last)

(First)

(Middle)

(Last)

FBI Processing Office \_\_\_\_\_

Listed below are specific qualifications that you must be willing and able to meet, with or without reasonable accommodations in accordance with the Rehabilitation Act of 1973 and Americans with Disabilities Act of 1990 (ADA), in order to be eligible for the Special Agent position. Please read the following minimum qualifications and indicate your response by answering **Yes** or **No** to each item and place your initials next to each response. By initialing, you verify that you have received and understand the information about the Special Agent job and application process. If you do **not** understand **any** of the items listed, or are in need of a reasonable accommodation during this process, please contact your Applicant Coordinator or Special Agent Recruiter and refer to the Applicant Information Booklet for clarification or assistance prior to completing this form.

## Section 1 - Minimum Qualifications

Yes	No	Initials
-----	----	----------

**I confirm that as a Special Agent candidate:**

- |    |  |                          |                          |       |
|----|--|--------------------------|--------------------------|-------|
| 1. | I am a United States citizen.  | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. | I am at least age 23. I understand that if I reach age 37 prior to the time of appointment to the FBI Academy I will be disqualified from the applicant process.   | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. | I possess a valid driver's license.  | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. | I have a four-year degree or an advanced degree from a resident college/university certified by one of the six Regional Accreditation Associations.  | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. | <b>(Those with No degree in Law or Accounting, or No fluency in a foreign language)</b> Possess a four-year degree plus three years of full-time work experience <b>Or</b> possess an advanced degree plus two years of full-time work experience (as defined by my employer), excluding internships, co-operatives, summer or temporary employment. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. | I am completely available for assignment anywhere in the FBI's jurisdiction (The United States and Puerto Rico) at any time during my tenure with the FBI.   | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 7. | I have discussed my potential transfer with my spouse, significant other, and/or family. They know that I must be willing to relocate as a requirement of the Special Agent position.  | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 8. | I am willing and able to engage in strenuous and potentially dangerous duties to include, but not limited to, the use of <b>firearms</b> , participation in raids, arrests and/or the use of defensive tactics.  | <input type="checkbox"/> | <input type="checkbox"/> | _____ |



	Yes	No	Initials
9. I am willing to undergo a comprehensive background investigation, including contacts with all references, employers, co-workers, close personal associates, etc., and review of my driving record, credit history, criminal history, and service in the military, as well as undergo a pre-employment polygraph, physical examination, a urinalysis drug test.	<input type="checkbox"/>	<input type="checkbox"/>	_____

## Section 2 - Automatic Disqualifiers

The conditions listed below are **disqualifiers** for the Special Agent position. Please respond honestly to the following questions:

10. I am aware that refusal to submit to a FBI urinalysis (drug testing) or polygraph examination is grounds for disqualification from the Special Agent applicant process.	<input type="checkbox"/>	<input type="checkbox"/>	_____
---	--------------------------	--------------------------	-------

### Have you ever:

11. Been convicted of a felony charge?	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Defaulted on a student loan (insured by U.S. Government)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Used marijuana in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Used marijuana more than 15 times in your life?	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Used any other illegal drug (including the use of anabolic steroids after February 27, 1991) in the past 10 years?	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. Used any other illegal drug (including the use of anabolic steroids after February 27, 1991) more than 5 times in your life?	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. Sold an illegal drug at any time in your life?	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. Engaged in the unauthorized usage of any illegal drug while employed in a position of public trust (e.g., a sworn Law Enforcement Officer, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
19. Failed to register for selective service, if required?	<input type="checkbox"/>	<input type="checkbox"/>	_____
20. Omitted, mis-stated, or falsely stated any information, in writing or orally, to the FBI during the course of the application process?	<input type="checkbox"/>	<input type="checkbox"/>	_____

## Section 3 - Application and Testing Process

21. I have received and read the Applicant Information Booklet for the Special Agent position.	<input type="checkbox"/>	<input type="checkbox"/>	_____
22. I understand that I must fully and accurately complete all application forms for employment. Failure to do so will result in the delay or discontinuation of my application processing.	<input type="checkbox"/>	<input type="checkbox"/>	_____



	Yes	No	Initials
23. I will follow all instructions provided to me during the testing sessions and hiring process.	<input type="checkbox"/>	<input type="checkbox"/>	_____
24. I understand that I will receive only a "pass" or "fail" as a result of the Phase I test battery and the Phase II interview and written exercise. I understand that due to the high volume of applicants, FBI policy, and fair employment practices at the FBI, numerical test scores, cut scores, areas of deficiency or strength, percentiles, etc., will <b>not</b> be provided to me.	<input type="checkbox"/>	<input type="checkbox"/>	_____
25. I understand that during the final stages of the hiring process, placement on a New Agent's Class list is <b>tentative</b> . A hiring decision is conditional upon the successful resolution of any outstanding inquiries or issues.	<input type="checkbox"/>	<input type="checkbox"/>	_____
26. I understand that I must successfully complete a 1.5 mile run within the established time frame.	<input type="checkbox"/>	<input type="checkbox"/>	_____
27. I understand that prior to being placed in New Agents Training, I must meet the established height, weight, and body fat standards.	<input type="checkbox"/>	<input type="checkbox"/>	_____
28. I understand that my appointment as a Special Agent is conditional and subject to budgetary limitations and authorized positions.	<input type="checkbox"/>	<input type="checkbox"/>	_____

#### Section 4- Job Requirements

The following are some **required and potentially difficult** aspects of the Special Agent position. You must be both **willing and able**, with or without reasonable accommodation (in accordance with the Rehabilitation Act of 1973 and Americans with Disabilities Act of 1990), to perform these aspects of the job in order to be considered for this position. Please read the following job requirements and indicate your response by answering **Yes** or **No** to each item and place your initials next to each response.

**I am aware that as a Special Agent, I will be required to :**

29. Be available for FBI employment within 90 days of Phase II testing. Applicants may be required to accept no more than a two week notice to report to New Agent Training upon successful completion of the applicant process. Failure to do may result in disqualification for future consideration.	<input type="checkbox"/>	<input type="checkbox"/>	_____
30. <b>(Active Duty Military Only in lieu of #29 above)</b> Provide a copy of my request to process out of the military upon successful completion of the polygraph examination. Further, I will accept a two-week notice to report to New Agent Training within two weeks of the date of any military discharge papers. I acknowledge that it is my choice to process out of the military, whether or not I am hired by the FBI.	<input type="checkbox"/>	<input type="checkbox"/>	_____
31. If in military reserve, resign or be eligible to transfer to standby reserve status. Special Agents occupy "Key Federal Employee" positions and therefore may not be members of, or rejoin during FBI employment, military Ready Reserve units.	<input type="checkbox"/>	<input type="checkbox"/>	_____



	Yes	No	Initials
32. Successfully complete New Agent Training at the FBI Academy in Quantico, Virginia for 16 weeks which includes physical fitness, firearms, defensive tactics, academics, practical exercises, self-study, and teamwork.	<input type="checkbox"/>	<input type="checkbox"/>	_____
33. Successfully complete a two-year probationary period as a New Special Agent.	<input type="checkbox"/>	<input type="checkbox"/>	_____
34. Commit to serving the FBI as a Special Agent for three years.	<input type="checkbox"/>	<input type="checkbox"/>	_____
35. Drive a car.	<input type="checkbox"/>	<input type="checkbox"/>	_____
36. Guard and defend myself and others in dangerous and unpredictable situations such as being physically assaulted or fired upon with gun fire (Personal safety may sometimes be in jeopardy).	<input type="checkbox"/>	<input type="checkbox"/>	_____
37. Pursue and apprehend violators of the law (offenders may be unwilling to be detained and could be violent).	<input type="checkbox"/>	<input type="checkbox"/>	_____
38. Use physical and/or deadly force if necessary.	<input type="checkbox"/>	<input type="checkbox"/>	_____
39. Routinely carry firearms and use them, as appropriate, in a variety of life-threatening situations.	<input type="checkbox"/>	<input type="checkbox"/>	_____
40. Maintain proficiency with FBI firearms.	<input type="checkbox"/>	<input type="checkbox"/>	_____
41. Be assigned to any area within the FBI's jurisdiction (United States and Puerto Rico) in order to meet FBI needs on a temporary or permanent basis.	<input type="checkbox"/>	<input type="checkbox"/>	_____
42. Maintain physical conditioning/fitness training required to perform duties (e.g., raids, arrests, firearms), to include exercises during training at the FBI Academy such as pull-ups, push-ups, sit-ups, two-mile run, shuttle run/sprint, and defensive tactics.	<input type="checkbox"/>	<input type="checkbox"/>	_____
43. Be available at all times to meet the needs of the FBI, including, weekends holidays, and cancellation of scheduled vacations.	<input type="checkbox"/>	<input type="checkbox"/>	_____
44. Work an average of 10 hours per day. Work overtime or work an irregular schedule as required.	<input type="checkbox"/>	<input type="checkbox"/>	_____
45. Witness heinous crimes or crime scenes.	<input type="checkbox"/>	<input type="checkbox"/>	_____
46. Talk to victims of crime, their family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	_____
47. Accept a starting salary of mid-\$30, 000s per year during the 16 weeks of training at the FBI Academy, and mid-\$40,000s (not including locality pay, prior federal service credit, availability pay, etc.) upon successful completion of the FBI Academy.	<input type="checkbox"/>	<input type="checkbox"/>	_____



Yes No Initials

**I understand that:**

48. If I am hired, there will be at least a two week delay in the effective date of my medical coverage if I enroll as a new Federal employee in the Federal Employee Health Benefits program. ☐ ☐ \_\_\_\_\_
49. Federal law requires Special Agents to retire at the age of 57. ☐ ☐ \_\_\_\_\_

**Please read the following statement and sign in the area below.**

**Warning:** Any intentional false statement in this document or willful misrepresentation will result in disqualification from the Special Agent position. If the misrepresentation is discovered after hiring, you may be subject to inquiry and suitable administrative or disciplinary action up to and including dismissal.

**I hereby acknowledge that I have read this document entitled "Application Checklist for the Special Agent position," and to the best of my knowledge and belief, the declarations made by me on this form are true. I understand that it is my responsibility to request any reasonable accommodations under the Americans with Disabilities Act and Rehabilitation Act of 1973 which I require to complete the application, testing, or hiring process.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Social Security Number \_\_\_\_\_

Applicant Coordinator's or SA Recruiter's Signature \_\_\_\_\_

Field Office \_\_\_\_\_ Date \_\_\_\_\_



## VOLUNTARY HYPNOTIC AGREEMENT

I, \_\_\_\_\_, have been orally informed  
(Name)  
concerning the technique of hypnosis and voluntarily agree to undergo hypnosis during a  
session to take place at \_\_\_\_\_ at the request  
(Location)  
of the Federal Bureau of Investigation (FBI). The hypnosis session will be conducted by

\_\_\_\_\_  
(Name of qualified hypnotist) (Credentials)  
for the sole purpose of assisting the FBI to obtain additional details of my observations  
concerning \_\_\_\_\_  
(Event and time period)

I also voluntarily agree to the audio and/or video taping of the entire hypnosis session and  
its disclosure for appropriate investigative purposes.

Signed: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Location: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_



## FBI Bomb Data Center Bomb Squad Activity Report Form

### ***Background***

Not all bomb squad deployments involve an actual device or bombing incident. However, these deployments require diagnostic time and effort. As such, this form was created to adequately record the activity levels of Accredited Bomb Squads. This form captures the following activities: bomb threat and suspicious package calls, protective details, bomb squad training, operational activities, disposal of explosives and assisting other agencies. With full participation, the results from this form should produce a great guideline for the allocation of resources for additional equipment and personnel.

### ***Instructions***

This form, like the Incident Report Form (FD-873), is a two-sided page. One side of the page includes the values (codes) to be entered into the corresponding form fields. The other side contains blank fields. Please print clearly with the appropriate code (number) in the space provided, if you are not reporting via Law Enforcement Online. Upon completion, remove this page and submit the report to the Bomb Data Center using one of the options in Section J.

### ***Tips***

- In Sections A through D, along with Nature of Target (within Sections G or H), write or type the corresponding code number. *Protective Detail Example:*

A.- Nature of Activity
------------------------

<b>3</b>
----------

- In Sections G and H, **circle** the appropriate response. *Example:*

Search of Location Conducted?
-------------------------------

<input checked="checked" type="radio"/> Yes	<input type="radio"/> No
---	--------------------------

- Suspicious Packages found with a threatening note/letter, or associated with a telephone threat should not be reported on this form. Please utilize the Incident Report Form (FD-873). *Example:* If the answer to the first question in Section H is Yes, then you need to use the Form FD-873.



**A. Nature of Activity**

- |                             |  |
|-----------------------------|--|
| 1. Bomb Squad Training      | 2. Operational Standby/Special Events  |
| 3. Protective Detail        | 4. Bomb Threat Call                    |
| 5. Suspicious Package Call  | 6. Disposal of Explosives/Pyrotechnics |
| 7. Assisting Another Agency |  |

**B. Start Time**

-Starting Time of Activity in 24 Hour Format

**C. End Time**

-Ending Time of Activity in 24 Hour Format

**D. Number of Personnel Utilized**

-Number of Bomb Squad Personnel involved in Activity

**E. Date of Activity**

**F. Squad Information**

-Reporting Agency Information (Officer - Person submitting Activity Report)

**G. Bomb Threat Information**

*Nature of Target (Within Sections G or H)*

- |  |                          |                         |
|--|--------------------------|-------------------------|
| 1. Person  | 2. Vehicle               | 3. Mailbox              |
| 4. Private residence                                     | 5. Bank                  | 6. Safe                 |
| 7. ATM   | 8. Night Deposit         | 9. Hotel                |
| 10. Restaurant   | 11. Office Building      | 12. Commercial Business |
| 13. Airport  | 14. Police facility      | 15. Military facility   |
| 16. Judicial facility                                    | 17. Educational facility |                         |
| 18. Utility (electrical, water, gas, sewage)             |                          |                         |
| 19. Government facility (city, county, state government) |                          |                         |
| 20. Church   | 21. Hospital             | 22. Other (specify)     |
| 23. Federal Government facility                          | 24. Abortion Clinic      | 25. Airplane            |

-*Estimated Economic Disruption* - Provide estimated cost of disruption to facility

**H. Suspicious Package Information**

-*Diagnostic Methods Used:* Indicate methods used to diagnose suspicious package. Indicate all that apply.

**I. Details**

-Provide additional information, if necessary.

**J. Report Submission**

-Self Explanatory. Select **one** method of report submission.





Federal Bureau of Investigation  
Laboratory Division

BDC Activity  
Report Number:

## Bomb Data Center Bomb Squad Activity Report Form

A. - Nature of Activity	B. - Start Time (24 hr)	C. - Ending Time (24 hr)
D. - Number of Personnel Involved	E. - Date of Activity	Month    Day    Year /    /

### F. - Squad Information

Reporting Agency	Address	City	State	Zip
Reporting Officer	Telephone Number (    )	Facsimile Number (    )	Bomb Squad Identifier	
Reporting Agency File #				

### G. - Bomb Threat Information

Was Search of Location Conducted? Yes    No	Was Search Conducted by Bomb Squad? Yes    No	Ongoing Investigation by Police? Yes    No
Nature of Target	If Target was Other, Specify:	
Was Location Evacuated? Yes    No	Method Threat Conveyed: Verbal    Written    Other (Specify)	
Estimated Economic Disruption: \$	Verbal Method Used: Personal    Telephone    Other (Specify)	

### H. - Suspicious Package Information

Was Threat Associated with Package? Yes    No	Was Location Evacuated? Yes    No	Was Disruption Performed? Yes    No
Nature of Target	Nature of Target (Other)	
Indicate Diagnostic Methods Used on Package: None    X-ray    Robot    Canine    Hand Entry    Other (Specify)		
Estimated Economic Disruption: \$	Ongoing Investigation? Yes    No	

### I. - Details

Provide details of Training Activity, Operational Support, or Incident

### J. - Send Reports to (Select ONE):

FBI Bomb Data Center  
Attn.: Activity Reports  
J. Edgar Hoover Building, Room 1B327, Box #22  
935 Pennsylvania Avenue, Northwest  
Washington, D.C. 20535-0001

Or via Facsimile at (202) 324-3784

Or via Law Enforcement Online



## Special Agent Applicant Physical Fitness Test (PFT) Report

Date of Assessment: \_\_\_\_\_

Time of Assessment: \_\_\_\_\_

Field Office: \_\_\_\_\_

Location of Assessment: \_\_\_\_\_

PFT Administrator: \_\_\_\_\_

Position: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Gender: ☐ M ☐ F

Applicant's HQ 67 File Number: \_\_\_\_\_

This applicant is taking the PFT for the \_\_\_\_\_ time.

**To be completed by the PFT Administrator:**

### APPLICANT'S SCORE

SIT-UPS		300 METER		PUSH-UPS		1.5 MILE		PULL-UPS	
Number Completed	Points	Number Completed	Points	Number Completed	Points	Number Completed	Points	Number Completed	Points

(To be ready for New Agent training, the applicant must score a minimum of 12 total points with at least one point in each event. The applicant's pull-up score is not to be counted for this determination.)

This applicant ☐ is ready ☐ is not ready for New Agent training. (Check One).

\_\_\_\_\_  
Date

\_\_\_\_\_  
PFT Administrator Signature

**To be completed by the Applicant:**

By signing this signature block, you concur that all of the information recorded on this form is true and accurate, and that no administrative problems occurred during your testing session.

If you believe there was an administrative problem, it must be brought to the test administrator's attention prior to the time that you leave the testing session.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Printed Name



## NEW AGENTS PHYSICAL FITNESS TEST RATING SCALE

MEN		WOMEN	
<u>SITUPS</u> NUMBER COMPLETED	POINTS	<u>SITUPS</u> NUMBER COMPLETED	POINTS
31 and below	-2	29 and below	-2
32 - 37	0	30 - 34	0
38	1	35 - 36	1
39 - 42	2	37 - 40	2
43 - 44	3	41 - 42	3
45 - 47	4	43 - 46	4
48 - 49	5	47 - 48	5
50 - 51	6	49 - 50	6
52 - 53	7	51 - 52	7
54 - 55	8	53 - 54	8
56 - 57	9	55 - 56	9
58 and over	10	57 and over	10
<u>300 METER SPRINT</u> TIME COMPLETED	POINTS	<u>300 METER SPRINT</u> TIME COMPLETED	POINTS
55.1 and over	-2	67.5 and over	-2
55.0 - 52.5	0	67.4 - 65.0	0
52.4 - 51.0	1	64.9 - 62.5	1
51.0 - 49.5	2	62.4 - 60.0	2
49.4 - 48.0	3	59.9 - 57.5	3
47.9 - 46.1	4	57.4 - 56.0	4
46.0 - 45.0	5	55.9 - 54.0	5
44.9 - 44.0	6	53.9 - 53.0	6
43.9 - 43.0	7	52.9 - 52.0	7
42.9 - 42.0	8	51.9 - 51.0	8
41.9 - 41.0	9	50.9 - 50.0	9
40.9 and below	10	49.9 and below	10
<u>PUSHUPS</u> NUMBER COMPLETED	POINTS	<u>PUSHUPS</u> NUMBER COMPLETED	POINTS
19 and below	-2	4 and below	-2
20 - 29	0	5 - 13	0
30 - 32	1	14 - 18	1
33 - 39	2	19 - 21	2



40 - 43	3	22 - 26	3
44 - 49	4	27 - 29	4
50 - 53	5	30 - 32	5
54 - 56	6	33 - 35	6
57 - 60	7	36 - 38	7
61 - 64	8	39 - 41	8
65 - 70	9	42 - 44	9
71 and over	10	45 and over	10
<b><u>1.5 MILE RUN</u></b> <b>TIME COMPLETED</b>	<b>POINTS</b>	<b><u>1.5 MILE RUN</u></b> <b>TIME COMPLETED</b>	<b>POINTS</b>
13:30 and over	-2	15:00 and over	-2
13:29 - 12:25	0	14:59 - 14:00	0
12:24 - 12:15	1	13:59 - 13:35	1
12:14 - 11:35	2	13:34 - 13:00	2
11:34 - 11:10	3	12:59 - 12:30	3
11:09 - 10:35	4	12:29 - 11:57	4
10:34 - 10:15	5	11:56 - 11:35	5
10:14 - 9:55	6	11:34 - 11:15	6
9:54 - 9:35	7	11:14 - 11:06	7
9:34 - 9:20	8	11:05 - 10:45	8
9:19 - 9:00	9	10:44 - 10:35	9
8:59 - below	10	10:34 and below	10
<b><u>PULLUPS</u></b> <b>NUMBER COMPLETED</b>	<b>POINTS</b>	<b><u>PULLUPS</u></b> <b>NUMBER COMPLETED</b>	<b>POINTS</b>
0 - 1	0	0	0
2 - 3	1	1	1
4 - 5	2	2	2
6 - 7	3	3	3
8 - 9	4	4	4
10 - 11	5	5	5
12 - 13	6	6	6
14 - 15	7	7	7
16 - 17	8	8	8
18 - 19	9	9	9
20 and above	10	10 and above	10



## FEDERAL BUREAU OF INVESTIGATION

Precedence:

Date:

To:

From:

Contact:

Approved By:

Drafted by:

Case ID #:

Title:

Synopsis:

Classified By :

Reason :

Declassified On:

## SRI DATA

Line ID _____	Technique _____	Source/Symbol _____
Intercept # _____	Call Direction _____	Call Type _____
Intercept/Call Date _____	Call Start Time _____	Call Stop Time _____
Call Duration _____	Raw Digits _____	

## IDENTIFICATION

Language/Dialect Spoken \_\_\_\_\_ Group ID \_\_\_\_\_ Subgroup ID \_\_\_\_\_

## SUBJECT/CONTACT DATA

## Main Subject

Name (Last)	(Middle)	(First)	Race	Sex	DOB	DDN			
_____						_____			
Name (Last)	(Middle)	(First)				DDN			
_____						_____			
Address: House #	Pre Direction	Street Name	Street Suffix	Post Direction	Unit	City	State	Postal Code	Country
_____									

Miscellaneous

Additional Subjects:

## Contact

Name (Last)	(Middle)	(First)	Race	Sex	DOB	DDN			
_____						_____			
Name (Last)	(Middle)	(First)				DDN			
_____						_____			
Address: House #	Pre Direction	Street Name	Street Suffix	Post Direction	Unit	City	State	Postal Code	Country
_____									

Miscellaneous

Additional Subjects:



Location: \_\_\_\_\_

## Personnel

Date: \_\_\_\_\_

Case Identifier: \_\_\_\_\_

Log Preparer: \_\_\_\_\_

Assistants: \_\_\_\_\_

[illegible]







## SITUATION/MISSION CONTINUED

<b>SUBJECT INFORMATION</b>			
Name:	Race:	Sex:	DOB:
Aliases:	Height:	Weight:	
	Eyes:	Hair:	
Fingerprint Code:	SSAN:	FBI#:	
Identifying Marks and Tattoos:			
Address:			
Vehicle Info:			
Criminal History:			
REASON FOR CAUTION STATEMENT (subject specific)			
Identify other legal process outstanding to include issuing official, district and date issued, and warrant location.			
Other Information <b>Regarding Subject</b> (Can include items such as possible locations of subject, identification of associates, and information provided by informants and other law enforcement agencies. <b>Provide Photo If Available.</b> )			

Use copies of this page for information on additional subjects and number as 2-A, 2-B, etc.

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## SITUATION/MISSION CONTINUED

INTELLIGENCE - Additional pertinent information can be added as an attachment

### LAW ENFORCEMENT PARTICIPANTS IN THE OPERATION

Identify personnel directly involved in the operation, as well as their assignment (entry/perimeter) for the operation

NAME	ASSIGNMENT	SIGNAL #
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

### Other Law Enforcement Personnel

Identify personnel who are not directly involved in the subject operation, but may support the overall mission  
(e.g., mass interviews, evidence technicians, photo specialists, traffic control, etc.)


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## **EXECUTION**

### **OVERALL SUMMARY OF PRIMARY PLAN**

### **SPECIFIC DUTIES**

(Concise, detailed statements directing how each unit, squad, team, or individual accomplishes their duties.)

(Continue on additional blank sheet(s) of paper as necessary)

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## **EXECUTION CONTINUED**

### **COORDINATING INSTRUCTIONS**

(Include here instructions common to all. Examples include times and dates for specific phases of the operation, coordination intra-office or with other agencies, warrant verification, danger areas, rehearsals, debriefings, etc.)

### **FBI DEADLY FORCE POLICY (effective 11/21/00)**

"Agents may use deadly force only when necessary, that is, when the Agents have probable cause to believe that the subject of such force poses an imminent danger of death or serious physical injury to the Agents or to another persons."

### **CONTINGENCIES**



## ADMINISTRATION AND EQUIPMENT

<b>WEAPONS AND AMMUNITION</b>
<b>CLOTHING AND EQUIPMENT</b> (Includes protective gear, identifying clothing, and special equipment, e.g., body armor, pepper spray, flex cuffs, etc.)
<b>Body Armor,</b>
<b>HANDLING OF INJURED</b> (Be specific. Include EMS telephone numbers, local radio channels, and addresses of medical facilities and/or EMS)

## CONTROL AND COMMUNICATIONS

<b>Command Post (if utilized)</b>	
Supervisor in Charge:	Location:
Phone #:	Radio Channel:                      Call Sign:
<b>On-Scene Command</b>	
Agent in Charge:	Location:
Phone #:	Radio Channel:                      Call Sign:
<b>RADIO COMMUNICATIONS (include channels, frequencies, private or clear mode, and call signs)</b>	
Channel Information	USE
<b>CAUTION STATEMENT</b>	

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# **DAILY BASELINE VITAL SIGNS**

Name	Time/Date	B/P	R/R	P	T	LOC

Name	Time/Date	B/P	R/R	P	T	LOC

Name	Time/Date	B/P	R/R	P	T	LOC