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U.S. DOE - Naval Reactors Personnel Security Information Reporting Form (Arrests Charges Detentions Citations WITH Alcohol or Drugs)

The individual filling out this form is responsible for ensuring no classified, Unclassified Controlled Nuclear Information, or Unclassified Naval Nuclear Propulsion Information is included or attached.

Check box if this report is regarding some other cleared individual. Provide your contact information here. Leave blank any clearance holder information not known.

Name: (self-reporting leave blank) Phone Number: Unclassified Email Address:

CLEARANCE HOLDER/APPLICANT INFORMATION THIS REPORT IS APPLICABLE TO

Today's Date: Federal Work Location (Site and City/State):
Contractor

Name (Last, First, Middle): Employer:

Date of Birth: Last 4 SSN: DOE# (If Known) Clearance Level: Special Access:
HRP SCI

Home Address: City, State, Zip

Work Phone: Home or Cell Phone: Unclassified Email Address: (for any questions)

Arrests, Charges, Citations & Detentions With Alcohol or Drug Involvement

Report criminal citations, summons, arrests (regardless whether or not you were taken to jail), or detentions by law enforcement where you were a suspect or defendant (detentions to provide witness statements do not need to be reported). Do not report non-criminal traffic violations where the fine (after court) levied was under \$300. All criminal traffic violations must be reported. Provide as much information as possible with this report, including available copies of citations, reports or other documentation. Attach additional pages with your answers if this form doesn't provide adequate space for reported information.

Charge (DUI, Assault, Theft, Criminal, Traffic, etc.). If you have multiple charges from the same incident, list all here.

Date and Time of Incident

City and State Where the Incident Occurred

See next page for additional questions regarding the information you are reporting

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Law Enforcement Agency

Please provide the disposition (if known)

Please provide details surrounding your incident. Include the events leading up to the incident, and why you believe you were arrested/charged. If alcohol or drugs were involved, please provide the following information:

ALCOHOL: What you were drinking, the time you started drinking, the time you stopped drinking, and the amount of alcohol you consumed. Described consumption in detail (i.e. I was drinking mixed drinks of vodka and soda, with about two shots of vodka. I drank six of those drinks in the time frame).

DRUGS: What type(s) of drug(s) you were using, the time the drugs were used, and the amount used. Describe usage in detail.

Please answer the following questions regarding your alcohol use.

What type of alcohol do you typically drink? (beer, wine, hard liquor, etc.) Please identify brand and type.

How much do you drink on a work night?

How much do you drink when you do not have to work the next day?

In a typical week, on how many days or nights do you consume alcohol?

Including this incident, how many times in the past year do you believe you have been intoxicated?

Please describe how you know you are intoxicated.

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In the past year, what is the most alcohol you have consumed in one sitting?

Have you ever been advised by a medical professional to stop or curtail your alcohol use? If yes - explain.

Have you ever been to alcohol treatment or counseling? (Including hospitalization or outpatient treatment)

Have you ever been to alcohol treatment or counseling? (Including hospitalization or outpatient treatment)

Please answer the following questions regarding your drug use.

What illegal drugs have you used in the past five years? What legal drugs have you improperly or illegally used in the past five years? List ALL illegal drugs and any drugs used improperly, or against prescribed directions.

When did you last use illegal drugs, or illegally use legal drugs? (Date)

Please describe how you misused prescription drugs.

What are your intentions regarding the use of drugs?

Have you ever been advised to seek counseling or treatment for drug use?

Have you ever been to drug treatment counseling? (Including hospitalization or outpatient treatment)

Questions may be directed to the NR PERSEC Helpdesk: NRPERSEC.Helpdesk@nrp.doe.gov or 518-395-6373

I certify or affirm that the information on this form is true and correct, to the best of my knowledge.

Signature:

Date:

Signature may be electronic or wet.

See next page for submission instructions -- Follow carefully to ensure received

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Submission Instructions

When complete, sign the form and forward to the Naval Reactors Personnel Security Office. Keep a copy of your submission for your own personal records.

Contact the NR Personnel Security Office for any form submission questions.

Submission methods

** DO NOT SUBMIT BETWEEN DIFFERENT NETWORKS DUE TO SYSTEM COMPATIBILITY PROBLEMS **

1. From NMCI, send to steve.a.bowen.civ@us.navy.mil AND arthur.m.duvall.civ@us.navy.mil
2. From DOECOE, send to nrpersec.helpdesk@nrp.doe.gov
3. From PrimeNet, send to nrpersec@unnpp.gov
4. From NNPP Net (high side), send to nrpersec@nnpp.gov
5. By FAX, 518-395-6078
6. By mail, US Dept of Energy, NR PERSEC, PO Box 1069, Schenectady, NY 12301-1069
7. From corporate and personal E-mail accounts, send via a password-protected PDF in an unencrypted mail to the Personnel Security Office at nrpersec.helpdesk@nrp.doe.gov and send the password for the PDF to the Personnel Security Office via a second, separate email.

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