

# Application – Tribal Personnel Security Program

In order to participate in the BIA's Tribal Personnel Security Program (TPSP), please complete all questions. When asked, please provide all requested documents and/or forms. This application is being utilized to assist your program in establishing and/or maintaining a functional and compliant background investigation program. Please answer the questions to the best of your ability.

Once a completed application is received, your program will be contacted and your designated Security Official will be interviewed as part of the application process. Please refer questions to (505) 242-0848. Thank You.

<b>NAME OF TRIBE OR TRIBAL PROGRAM:</b>		<b>DATE OF APPLICATION:</b>	
<b>OFFICIAL MAILING ADDRESS:</b>			
<b>OFFICIAL POINTS OF CONTACT</b>			
<b>PROVIDE THE NAME AND TITLE OF THE INDIVIDUAL RESPONSIBLE FOR YOUR PROGRAM'S SECURITY/EMPLOYEE BACKGROUND INVESTIGATIONS:</b>	<b>TELEPHONE NUMBER</b>	<b>FAX NUMBER</b>	<b>E-MAIL ADDRESS</b>
<b>PROVIDE THE NAME AND TITLE OF THE INDIVIDUAL RESPONSIBLE FOR ACTUALLY CONDUCTING EMPLOYEE BACKGROUND INVESTIGATIONS:</b>	<b>TELEPHONE NUMBER</b>	<b>FAX NUMBER</b>	<b>E-MAIL ADDRESS</b>
<b>IF YOU ARE USING AN INVESTIGATIVE COMPANY, PROVIDE THE NAME OF THE COMPANY AND POINT OF CONTACT:</b>	<b>ADDRESS</b>		<b>TELEPHONE NUMBER</b>
<b>IN THE SPACE BELOW, PLEASE PROVIDE WHICH PROGRAMS WILL BE REQUESTING ACCESS TO FBI FINGERPRINT CHECKS:</b>			



4	DO YOU HAVE AN INVESTIGATIVE QUESTIONNAIRE AND/OR APPLICATION?	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5	DO YOU HAVE A RELEASE TO OBTAIN INVESTIGATIVE INFORMATION?	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6	IF YOU ARE OBTAINING CREDIT REPORTS, DO YOU HAVE A FAIR CREDIT REPORTING ACT RELEASE?	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**PLEASE ATTACH A COPY OF YOUR INVESTIGATIVE QUESTIONNAIRE/APPLICATION/ AUTHORIZATION(S) FOR RELEASE AND ANY OTHER FORMS YOU ARE USING AS PART OF CONDUCTING EMPLOYEE BACKGROUND INVESTIGATIONS.**

7	HAVE YOU APPOINTED AN ADJUDICATION OFFICIAL FOR YOUR PROGRAM?	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO, GO TO QUESTION 8.
	IF YES, PROVIDE THEIR NAME, TITLE, AND CONTACT INFORMATION.	
	TELEPHONE NO.:	EMAIL ADDRESS:
	PROVIDE THE TRAINING COURSE AND DATE(S) OF ALL INVESTIGATIVE AND/OR ADJUDICATION TRAINING THE ADJUDICATION OFFICIAL HAS RECEIVED IN THE LAST THREE YEARS.	

**PLEASE ATTACH PROOF OF TRAINING AND/OR TRAINING CERTIFICATE(S).**

8	WHO CERTIFIES THAT EMPLOYEES AND/OR VOLUNTEERS MEET ALL INVESTIGATIVE AND SUITABILITY STANDARDS ON BEHALF OF YOUR PROGRAM? PROVIDE THEIR NAME, TITLE, AND CONTACT INFORMATION.	
	TELEPHONE NO.:	EMAIL ADDRESS:

**PLEASE PROVIDE A COPY OF YOUR CERTIFICATE OF INVESTIGATION/ADJUDICATION FORM.**

9	EXPLAIN IN DETAIL WHERE YOU MAINTAIN INVESTIGATIVE FILES:
10	EXPLAIN IN DETAIL WHO HAS ACCESS TO INVESTIGATIVE FILES:

BY SIGNING BELOW YOU WILL BE DESIGNATED AS THE OFFICIAL POINT OF CONTACT. THANK YOU.

PLEASE PRINT NAME AND SIGN THIS FORM HERE:			DATE
YOUR TITLE:		DAYTIME TELEPHONE NUMBER	