

FTNGDOS CHECKLIST for OPERATION GUARDIAN SUPPORT

FULL TIME NATIONAL GUARD DUTY FOR OPERATIONAL SUPPORT

(FTNGDOS 32 USC §502(F) (2) IAW NGB POLICY MEMORANDUM #13-020 (FTNGDOS))

Name: _____ SSN: _____

E-Mail: _____ Duty Location: _____

REQUIRED ITEMS – Initial each box below to indicate compliance

Completed OGS application

Commanders Certification

Certified MEDPROS/IMR Printout

Retirement Points Accounting Statement (RPAS) (**ARMY ONLY**)

DA 705 along with DA Form 5500/5501 if applicable within six months of start

(*Used to validate HT/WT and flagging action IAW NGB Policy*) (**ARMY ONLY**)

Individual Government Travel Card. If you do not have one, please provide
status: _____

DD Form 93 Updated: _____

Dog Tags

OPERATION GUARDIAN SUPPORT

Application for Full Time National Guard Duty

For use of this form see NGR 500-2 / ANGI 10-801

Last Name	First Name	Middle Name
Present Address		
City	State	Zip Code
Home Phone Number	Work Phone Number	Cell Phone Number

Rank	Branch	Social Security Number	Number of Dependents
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Unit/Section of Assignment	Unit Phone Number	Unit Location (City)	PEBD(Army)/Pay Date(Air)
Primary MOS/AFSC	MOS/AFSC Description	Security Clearance Type	Security Clearance Date

Receiving VA Disability?	Open LOD?	ETS Date:
Location of Most Recent Military Physical Examination		Date of Most Recent Military Physical Examination
Total Years of Active Federal Service	Current Status	Last set of orders start date: Last order end date:

Last Name	First Name	Middle Name
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1. Do you currently have a valid Arizona driver's license? _____

2. Have you ever had your license suspended? _____

If yes, explain and list dates _____

3. Have you ever been convicted of a felony? _____

If yes, explain and list dates: _____

4. Are you a US Citizen? _____

If you are not a US Citizen, please provide the following.

Place you entered the United States _____

Country of Citizenship _____

Alien Registration Number _____

You must sign this application. Read the following carefully before you sign:

Personnel Data Privacy Act of 1974 (5 USC 552). This information is used to determine the qualification of persons applying to voluntarily participate in OPERATION GUARDIAN SHIELD. Disclosure is voluntary, however, failure to disclose the requested information may result in the application being rejected.

I certify by my signature that to the **best of my knowledge and belief, all of the information on this application is true and complete. I understand any false statements made on this application could lead to non-selection or dismissal from OPERATION GUARDIAN SUPPORT.**

Signature of Applicant: _____

Date: _____

Commander's Recommendation

OPERATION GUARDIAN SUPPORT

For use of this form see NGR 500-2 / ANGI 10-801

1. Please take the time to thoroughly evaluate the following individual for entry on FTNGS, OPERATION GUARDIAN SUPPORT.

Name	Rank	Unit	Unit/Wing Phone Number
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2. Service members must meet physical fitness and weight control standards, have no disciplinary flags (or unfavorable information file) and receive the unreserved recommendation of their unit commander. Please personally certify the following requirements individually:

a. Data for last two (2) Fitness Tests:

1. Fitness Test Date: _____ Test Result: _____

2. Fitness Test Date: _____ Test Result: _____

If Fit test not current, provide an explanation
(Commander may waive this requirement):

b. Service member IS / IS NOT (circle one) on a weight control program.

c. Service member DOES / DOES NOT (circle one) have negative disciplinary actions pending.

d. Service member's current ETS date: _____

e. Service member's last PHA, Physical: _____

3. Extended Active Duty (EAD) is a privilege, not a right. By endorsing below, you are verifying that the individual is a member in good standing of your unit/wing and consistently participates in drills and annual training. You are giving the member your personal recommendation for extended active duty.

I do recommend this member for EAD

I do not recommend this member for EAD

4. For further questions, I can be reached at _____.

Company/Squadron CDR Signature / Date

PRINT Name, Rank and Title

Office of Professional Responsibility(OPR) Personnel Security
Division (PSD)Background Investigation Requirements Determination
(BIRD) Document

Section A - Federal Point of Contact (FPOC) (completed by the FPOC)	
Name (Last, First, Middle Initial (MI))	
CBP Email Address	
Office Phone Number	
Office/Division	

Section B - Subject (completed by the Subject or by the FPOC)	
Social Security Number	
Name (Last, First, MI)	
Email Address	
Current Address (number, street)	
Current Address (city, state, postal code)	
Date of Birth (Month, Day, Year)	
Place of Birth (City, State, Country)	
Country of Citizenship	
Mother's Maiden Name (Last, First, MI)	
Father's Name (Last, First, MI)	

Section C - Position (completed by the FPOC)		
Position Type	Contractor	Federal
Position Sensitivity	Critical-Sensitive	High-Risk
Office of Professional Responsibility (OPR) Applicant	Yes	No
OPR Personnel Security Division Applicant	Yes	No
Security Clearance Required	Yes	No
<i>Contractor Positions Only...</i>		
Has subject worked on a CBP contract in the past	Yes	No
If "yes" provide employment "End Date"		

Section D - PSD Determination (completed by PSD)			
Initiation Required	Reciprocity Eligible	Reactivate	Reciprocity Revoked

QUALIFICATION TO POSSESS FIREARMS OR AMMUNITION

PRIVACY ACT STATEMENT

AUTHORITY: 18 U.S.C. 922(g)(9); E.O. 9397.

PRINCIPAL PURPOSE(S): To obtain information to determine if you have been convicted of a crime of domestic violence which would disqualify you from shipping, transporting, possessing or receiving either Government-issued or private firearms or ammunition and to determine if reassignment, reclassification, detail or other administrative action is warranted. Your Social Security Number is solicited solely for purposes of verifying your identity.

ROUTINE USE(S): To the Department of Justice so that such information can be included in the National Instant Criminal Background Check System which may be used by firearm licensees (importers, manufacturers or dealers) to determine whether individuals are qualified to receive or possess firearms and ammunition.

DISCLOSURE: Mandatory for all personnel who are required to certify. Failure to provide the information may result in (1) (military only) the imposition of criminal or administrative penalties for failing to obey a lawful order, and (2) (civilian only) the imposition of administrative penalties, to include removal from Federal service. However, neither your answers nor information or evidence gained by reason of your answers can be used against you in any criminal prosecution for a violation of Title 18, United States Code, Section 922(g)(9), including (military only) prosecutions under the Uniform Code of Military Justice, based on a violation of Section 922(g)(9), for conduct which occurred prior to the completion of this form. The answers you furnish and any information resulting therefrom, however, may be used against you in a criminal or administrative proceedings if you knowingly and willfully provide false statements or information.

SECTION I - INSTRUCTIONS

An amendment to the Gun Control Act of 1968 (18 U.S.C. 922) makes it a felony for anyone who has been convicted of a misdemeanor crime of domestic violence to ship, transport, possess, or receive firearms or ammunition. It is also a felony for any person to sell or otherwise dispose of a firearm to any person so convicted.

The Department of Defense has, by policy, expanded the prohibitions contained in Title 18 Section 922(g)(9) to those military or civilian personnel who have felony convictions for crimes of domestic violence. Convictions of crimes of domestic violence do not include summary court-martial convictions, the imposition of nonjudicial punishment (Article 15, UCMJ), or deferred prosecutions (or similar alternative dispositions) in civilian courts. Furthermore, a person shall not be considered as having committed a "crime of domestic violence" for purposes of the firearms restriction of the Gun Control Act unless all of the following elements are present:

- (1) the person was convicted of a crime;
- (2) the offense has as its factual basis the use or attempted use of physical force, or threatened use of a deadly weapon;
- (3) the convicted offender was at the time of the offense:
 - (a) a current or former spouse, parent or guardian of the victim,
 - (b) a person with whom the victim shared a child in common,

- (c) a person who was cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or
- (d) a person who was similarly situated to a spouse, parent, or guardian of the victim;
- (4) the convicted offender was represented by counsel, or knowingly and intelligently waived the right to counsel;
- (5) if entitled to have the case tried by jury, the case was actually tried by jury or the person knowingly and intelligently waived the right to have the case tried by jury;
- (6) the conviction has not been expunged or set aside, or the convicted offender has not been pardoned for the offense or had civil rights restored, unless the pardon, expungement, or restoration of civil rights provides that the person may not ship, transport, possess or receive firearms.

If you have ever received a domestic violence conviction: (1) you may not possess any firearm or ammunition; and (2) you must return any Government-issued firearm or ammunition to your commander or immediate supervisor; and (3) you must take steps to relinquish possession of any privately owned firearms or ammunition. Furthermore, any previously issued authorization to possess a firearm or ammunition is revoked.

If you have any questions, or you are uncertain if you have such a conviction, you may wish to contact a legal assistance attorney, if eligible, or a private attorney, at your own expense.

SECTION II - QUALIFICATION INQUIRY *(Complete and return to your commander or immediate supervisor within 10 days of receipt)*

1. HAVE YOU EVER BEEN CONVICTED OF A CRIME OF DOMESTIC VIOLENCE AS DESCRIBED ABOVE: *(Initial and date)*

YES	NO	I DON'T KNOW <i>(Provide explanation on reverse)</i>
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2. IF YOU ANSWERED "YES" TO THE FIRST QUESTION, PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO THE CONVICTION:

a. COURT/JURISDICTION	b. DOCKET/CASE NUMBER
c. STATUTE/CHARGE	d. DATE SENTENCED <i>(YYYYMMDD)</i>

3. CERTIFICATION. I hereby certify that, to the best of my information and belief, all of the information provided by me is true, correct, complete, and made in good faith. I understand that false or fraudulent information provided herein may be grounds for criminal and/or administrative proceedings, to include (if civilian) adverse action, up to and including removal, and (if military) disciplinary action under the Uniform Code of Military Justice. I further understand that I have a continuing obligation to inform my Commander or Supervisor should I be convicted of a crime of domestic violence in the future.

a. NAME <i>(Last, First, Middle Initial)</i>	b. RANK/GRADE	c. SOCIAL SECURITY NUMBER
d. ORGANIZATION	d. SIGNATURE	e. DATE SIGNED <i>(YYYYMMDD)</i>



**U.S Border Patrol
Detail Information Sheet**

Full Name: _____ SSN# _____

Date of Birth ___ / ___ / ___ Official Title _____ Grade _____

Permanent Address of P.O. Box _____ Apt# _____

City & State _____ Zip Code _____

Home () _____ Dates of Detail ___ / ___ / ___ to ___ / ___ / ___

Official Duty Station _____ Sector _____

In Case of Emergency Contact

Full Name: _____ Relationship _____

Street Address or P.O. Box _____ Apt# _____

City & State _____ Zip Code _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone or Pager Number (____) _____

Detail Information

Hotel Name _____ Hotel Phone Number _____

Hotel Address _____ Hotel Room Number _____

City & State _____ Zip Code _____

Cell Phone Number _____ Pager Number _____

Office Phone Extention (last 5 digits) _____

Project Detailed to Work on _____

Supervisor at Detail Station _____