

STATEMENT OF ADMISSION

Privacy act Authority: Title 10, USC Section 3012

Principal Purpose: To provide background clearance information regarding prospective FCC providers and family members.

Routine Uses: No information is disclosed outside Department of Defense (DoD)

Disclosure: Disclosure of required information is voluntary, however, if the information is not provided, applicant may be denied becoming a FCC provider. If you fail to tell the truth or fail to list all relevant events, this may be grounds for disapproval of licensing, or criminal prosecution (Title 18, USC Section 1001)

Right to Challenge: You have the right to challenge the accuracy of record under the provision of DoD Directive 5400-11

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FCC Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Child over age 12: \_\_\_\_\_ SSN: \_\_\_\_\_

Child over age 12: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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Have you or any of your family members ever been arrested or charged with a crime involving a child(ren) (i.e. sex crime, offense involving a child victim, substance abuse felony or a violent crime), been asked to resign or been denied /revoked FCC license for a sexual offense?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide a detailed description of the arrest or charge: \_\_\_\_\_

\_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

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

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Person Requesting DCII

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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Person verifying this Statement of Admission:

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

