Department of Defense
Defense Counterintelligence and Security Agency
PO Box 618
Boyers, PA 16018-0618
Commercial 724 794-5612 Fax 724 738-0814

Provide SOI (if amending):

Corresponding SOI(s) (if applicable):

SECURITY OFFICE IDENTIFIER (SOI) CREATION AND AMENDMENT FORM ATTENTION: SECURITY OFFICER

The Defense Counterintelligence and Security Agency (DCSA) authorizes each agency security office a 4-character identifier called the SOI. The SOI permits DCSA to return investigative reports to agency-approved addresses. The SOI also permits security offices to obtain detailed investigative information. The security office must provide DCSA following:

Name and social security numbers for authorized callers An accurate mailing address for the security office Type and date of most recent background investigation completed on the authorized callers To request an SOI or advise DCSA of SOI changes, legibly complete the necessary items on the form below. Submit the form via mail, fax, or messaging in the NP2 portal to NBIB SON SOI. Do not submit PII through unsecure channels. For additional information and/or assistance, call DCSA at 724-794-5612 x4600 1. Check this block if requesting a new SOI: Change/add agency name and/or address (include zip code): Agency Name: Address: City: State: Zip Code: Change/add security office telephone numbers (DCSA does not have DSN capabilities): Commercial: Extension: Change/add financial fields: Treasury Account Symbol (TAS): Intra-Governmental Payment & Collection (IPAC): Business Event Type Code (BETC): Change/add security officer (Requires Favorable Adjudication T3 or higher): Name: SSN: Type/date of last investigation: Provide a group email address for form processing questions: Provide a group email address for continuous evaluation notifications: Provide a group email address for continuous evaluation notifications: Provide a group email address for continuous evaluation notifications: Provide a group email address for continuous evaluation notifications:		curity offices to obtain detailed investiga					
Type and date of most recent background investigation completed on the authorized callers To request an SOI or advise DCSA of SOI changes, legibly complete the necessary items on the form below. Submit the form via mail, fax, or messaging in the NP2 portal to NBIB SON SOI. Do not submit PII through unsecure channels. For additional information and/or assistance, call DCSA at 724-794-5612 x4600 1. Check this block if requesting a new SOI: 2. Change/add agency name and/or address (include zip code):		•		-	•		
To request an SOI or advise DCSA of SOI changes, legibly complete the necessary items on the form below. Submit the form via mail, fax, or messaging in the NP2 portal to NBIB SON SOI. Do not submit PII through unsecure channels. For additional information and/or assistance, call DCSA at 724-794-5612 x4600 1. Check this block if requesting a new SOI: 2. Change/add agency name and/or address (include zip code):		 An accurate mailing address for the 	ne security office				
Submit the form via mail, fax, or messaging in the NP2 portal to NBIB SON SOI. Do not submit PII through unsecure channels. For additional information and/or assistance, call DCSA at 724-794-5612 x4600 1. Check this block if requesting a new SOI: 2. Change/add agency name and/or address (include zip code):		Type and date of most recent back	kground investigation	on completed on the a	uthorized callers		
2. Change/add agency name and/or address (include zip code): Agency Name: Address: City: State: Zip Code: 3. Change/add security office telephone numbers (DCSA does not have DSN capabilities): Commercial: Extension: Commercial: Extension: 4. Change/add financial fields: Treasury Account Symbol (TAS): Intra-Governmental Payment & Collection (IPAC): Business Event Type Code (BETC): 5. Change/add security officer (Requires Favorable Adjudication T3 or higher): Name: SSN: Type/date of last investigation: 6. Add authorized callers (Requires T2 or higher): Name: SSN: Type/date of last investigation: Type/date of last investigation: 7. Delete authorized callers: Name: SSN (last 4): Name: SSN (last 4): Name: SSN (last 4): Provide a group email address for form processing questions: Provide a group email address for continuous evaluation notifications: Provide a group email address for continuous evaluation notifications: Provide a group email address for continuous evaluation notifications:	Su	ibmit the form via mail, fax, or messa	iging in the NP2 po	ortal to NBIB SON SO	<u>)I</u> . Do not submit Pl		
City: State: Zip Code: 3. Change/add security office telephone numbers (DCSA does not have DSN capabilities):		Change/add agency name and/or a		o code):			
3. Change/add security office telephone numbers (DCSA does not have DSN capabilities): Commercial: Extension: Commercial: Extension: 4. Change/add financial fields: Treasury Account Symbol (TAS): Intra-Governmental Payment & Collection (IPAC): Business Event Type Code (BETC): 5. Change/add security officer (Requires Favorable Adjudication T3 or higher): Name: SSN: Type/date of last investigation: 6. Add authorized callers (Requires T2 or higher): Name: SSN: Type/date of last investigation: Type/date of last investigation: 7. Delete authorized callers: Name: SSN (last 4): Name: SSN (last 4): Name: SSN (last 4): Name: SSN (last 4): Provide a group email address for form processing questions: Provide a group email address for continuous evaluation notifications: Provide a group email address for continuous evaluation notifications:		Address:					
Commercial: Extension: Commercial: Extension: 4. Change/add financial fields: Treasury Account Symbol (TAS): Intra-Governmental Payment & Collection (IPAC): Business Event Type Code (BETC): 5. Change/add security officer (Requires Favorable Adjudication T3 or higher): Name: SSN: Type/date of last investigation: 6. Add authorized callers (Requires T2 or higher): Name: SSN: Type/date of last investigation: 7. Delete authorized callers: Name: SSN (last 4): Name: SSN (last 4): 8. Add email address (NOTE: Do not provide individual's email address): Provide a group email address for pending case questions: Provide a group email address for continuous evaluation notifications: Provide a group email address for continuous evaluation notifications:		City:		State:	Zip Code	Zip Code:	
4. Change/add financial fields: Treasury Account Symbol (TAS): Intra-Governmental Payment & Collection (IPAC): Business Event Type Code (BETC): 5. Change/add security officer (Requires Favorable Adjudication T3 or higher): Name: SSN: Type/date of last investigation: 6. Add authorized callers (Requires T2 or higher): Name: SSN: Type/date of last investigation: Type/date of last investigation: 7. Delete authorized callers: Name: SSN (last 4): Name: SSN (last 4): Name: SSN (last 4): 8. Add email address (NOTE: Do not provide individual's email address): Provide a group email address for pending case questions: Provide a group email address for continuous evaluation notifications: Provide a group email address for continuous evaluation notifications:	3.	Change/add security office telephone numbers (DCSA does not have DSN capabilities):					
Treasury Account Symbol (TAS): Intra-Governmental Payment & Collection (IPAC): Business Event Type Code (BETC): 5. Change/add security officer (Requires Favorable Adjudication T3 or higher): Name: SSN: Type/date of last investigation: 6. Add authorized callers (Requires T2 or higher): Name: SSN: Type/date of last investigation: 7. Delete authorized callers: Name: SSN (last 4): Name: SSN (last 4): 8. Add email address (NOTE: Do not provide individual's email address): Provide a group email address for pending case questions: Provide a group email address for continuous evaluation notifications: Provide a group email address for continuous evaluation notifications:		Commercial:	Extension:	Commercial:		Extension:	
5. Change/add security officer (Requires Favorable Adjudication T3 or higher): Name: SSN: Name: Name: Name: SSN: Type/date of last investigation: Name: SSN: Type/date of last investigation: Type/date of last investigation: Type/date of last investigation: Type/date of last investigation: SSN: Type/date of last investigation: SSN (last 4): Name: SSN (last 4): Name: SSN (last 4): SSN (last 4): Provide a group email address for form processing questions: Provide a group email address for pending case questions/notifications: Provide a group email address for continuous evaluation notifications:	4.						
Name: SSN: Type/date of last investigation: 6. Add authorized callers (Requires T2 or higher): Name: Name: SSN: Type/date of last investigation: Type/date of last investigation: 7. Delete authorized callers: Name: SSN (last 4): Name: SSN (last 4): Name: SSN (last 4): Provide a group email address for form processing questions: Provide a group email address for continuous evaluation notifications: Provide a group email address for continuous evaluation notifications:		Intra-Governmental Payment & Collection (IPAC): Business Event Type Code (BETC):					
6. Add authorized callers (Requires T2 or higher): Name: Name: SSN: Type/date of last investigation: 7. Delete authorized callers: Name: SSN (last 4): Name: SSN (last 4): Name: SSN (last 4): Name: SSN (last 4): Provide a group email address for form processing questions: Provide a group email address for continuous evaluation notifications: Provide a group email address for continuous evaluation notifications:	5.						
Name: SSN: Type/date of last investigation: Type/date of last investigation: Type/date of last investigation: Type/date of last investigation: Type/date of last investigation: SSN (last 4): Name: SSN (last 4): SSN (last 4): Name: SSN (last 4): Provide a group email address for form processing questions: Provide a group email address for pending case questions/notifications: Provide a group email address for continuous evaluation notifications:		SSN:	Тур	oe/date of last investig	gation:		
SSN: Type/date of last investigation: Type/date of last investigation: 7. Delete authorized callers: Name: SSN (last 4): Name: SSN (last 4): Name: SSN (last 4): Provide a group email address for form processing questions: Provide a group email address for pending case questions/notifications: Provide a group email address for continuous evaluation notifications:	6.	Add authorized callers (Requires T	2 or higher):				
Type/date of last investigation: 7. Delete authorized callers: Name: SSN (last 4): Name: SSN (last 4): 8. Add email address (NOTE: Do not provide individual's email address): Provide a group email address for form processing questions: Provide a group email address for pending case questions/notifications: Provide a group email address for continuous evaluation notifications:		Name:		Name:			
7. Delete authorized callers: Name: SSN (last 4): Name: SSN (last 4): 8. Add email address (NOTE: Do not provide individual's email address): Provide a group email address for form processing questions: Provide a group email address for pending case questions/notifications: Provide a group email address for continuous evaluation notifications:		SSN:		SSN:			
Name: SSN (last 4): Name: SSN (last 4): 8. Add email address (NOTE: Do not provide individual's email address): Provide a group email address for form processing questions: Provide a group email address for pending case questions/notifications: Provide a group email address for continuous evaluation notifications:		Type/date of last investigation:		Type/date of la	st investigation:		
8. Add email address (NOTE: Do not provide individual's email address): Provide a group email address for form processing questions: Provide a group email address for pending case questions/notifications: Provide a group email address for continuous evaluation notifications:	7.			SSN (last 4):			
Provide a group email address for form processing questions: Provide a group email address for pending case questions/notifications: Provide a group email address for continuous evaluation notifications:		Name:		SSN (last 4):			
SOI Security Officer Name: Signature:	Provide a group email address for form processing questions: Provide a group email address for pending case questions/notifications:						
	sc	DI Security Officer Name:		Signature:			

Email Address:

This form should be duplicated as needed.