

DATA REQUIRED BY THE PRIVACY ACT OF 1974
(5 U. S. C. 552A)

PART A GENERAL

The Marine Corps uses a variety of forms in administering matters related to the individual Marine. Forms are necessary for enlistment and reenlistment, evaluating performance, applying for training and assignments, granting leave, disciplinary action, administering pay, and other purposes. In some instances, these forms involve the collection of personal information from the individual Marine. Information such as home address and telephone number, names and other information on dependents, preference for duty, address on leave, and the individual's Social Security Number are illustrative of the information asked for on forms.

The Privacy Act of 1974 requires that you be informed of the authority, purposes, uses, and effects of not providing information when it is requested from you. In order to eliminate the need for issuing an individual statement each time information is requested from you about matters such as those described, this statement serves as a one-time Privacy Act Statement which is intended to satisfy the requirements of the Privacy Act when forms related to your personnel and pay records are used. If you desire more information about a specific form when it is used, your commanding officer will provide such information upon request.

Pursuant to the Computer Matching and Privacy Protection Act of 1988 (P.L. 100-503), information furnished may or will be subject to verification by computer matching (internally or with another specific agency). The match may be necessary to verify accuracy of data, and to uncover waste, fraud, or abuse in Federal Programs.

PART B - INFORMATION TO BE FURNISHED TO INDIVIDUAL

1. AUTHORITY

Title 5, U.S. Code, Section 301, is the basic authority for maintaining personnel and pay records. Use of Social Security Number as a means of personal identification is authorized by Executive Order 9397 of 23 November 1943.

2. PRINCIPAL PURPOSES

The basic purposes of personnel and pay records are to enable officials and employees of the Marine Corps to efficiently manage personnel resources; to administer pay and allowances; to screen and select individuals for promotion; to provide educational and training programs; to administer appeals, grievances, discipline, litigation, investigations, and adjudication of claims; to administer benefits and entitlements; and to manage retirement and veterans affairs programs. Further information about the purposes and uses of information being requested from can be obtained by consulting the applicable description for system such as the following:

<u>SYSTEM DESCRIPTION</u>	<u>SYSTEM NUMBER</u>
Marine Corps Military Personnel Records System	MMN 00006
Bond and Allotment System	MFD 00004
Joint Uniform Military Pay System/Manpower Management System	MFD 00003

3. ROUTINE USES

Information included in personnel and pay records is used by officials and employees of the Marine Corps in the execution of their official duties. The information is also used under certain conditions by officials and employees elsewhere in the Department of Defense; by other Federal agencies such as the General Accounting Office; Office of Personnel Management; Veterans Administration; the Federal Bureau of Investigation and other Federal, state, and local law enforcement authorities; and the General Services Administration. Information is also furnished to Congressional sources. Your Social Security Number is used as a means of personal identification.

4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

Disclosure of information required on forms related to personnel and pay records is mandatory. An individual may, at his or her option, elect not to apply for benefits and services to which entitled (leave, registration of allotments, etc.) but once the individual has made the decision to apply for such benefits the disclosure of information on related forms becomes a mandatory action. Failure to provide requested information could have the effect of denying certain benefits and would hamper the efficient management of an individual's career while in the Marine Corps. Disclosure of your Social Security Number is mandatory.

PART C - STATEMENT OF UNDERSTANDING BY THE INDIVIDUAL

I have read and understand this statement, I understand that I may have the opportunity to review published systems notices and current Marine Corps directives which pertain to forms which I am asked to complete.

Date

Signature of the Individual

Social Security No.

PRIVACY ACT STATEMENT FOR MARINE CORPS PERSONNEL AND PAY RECORDS

NAVMC 11000 (REV. 5-90) (EF) SN: 0109-LF-064-8800

(5211)

(File Original in OOR or SRB; Provide Copy to Individual)

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	e. SIGNATURE	f. DATE SIGNED <i>(YYYYMMDD)</i>

ITSS (MATMEP)

RECORD OF DISCLOSURE

The attached record contains personal information concerning an individual. Use and disclosure thereof is governed by SECNAVINST 5211.5. Unauthorized disclosure of personal information from this record could subject the individual disclosing the information to criminal penalties.

INSTRUCTIONS: This sheet is to remain affixed as a permanent part of the record described below. An appropriate entry must be made below each time the record or any information from the record is viewed by, or furnished to, any person or agency, including the subject of the record, except (1) disclosures to DoD personnel having a need to know in the performance of their official duties and (2) disclosure of items listed in subparagraph 7a(3) of SECNAVINST 5211.5.

TITLE AND DESCRIPTION

DATE OF DISCLOSURE	METHOD	PURPOSE OF AUTHORITY	NAME AND ADDRESS OF PERSON OR AGENCY TO WHOM DISCLOSED (AND SIGNATURE IF DISCLOSURE IS MADE IN PERSON)

IMPORTANT READ AND COMPLY WITH THIS PAGE

Record of Disclosure.

ANNUAL TRAINING DOCUMENTATION

CERTIFICATION LEVELS		
TM - TEAM MEMBER	TL - TEAM LEADER	IND - INDIVIDUAL
QA - QUALITY ASSURANCE	SO - SAFETY OBSERVER	
WORK TASK CODES		
1. STORAGE/STOWAGE	7. INSTALLATION/REMOVAL	
2. HANDLING	8. AIRCRAFT RELEASE & CONTROL	
3. ASSEMBLY/DISASSEMBLY	9. GUN-JAM CLEARING	
4. LOAD/DOWNLOAD	10. TRANSPORTATION	
5. TUBELOADING	11. PIER/WHARF OPERATIONS	
6. ARM/DEARM	12. SAFING/UNSAFING	

EXPLOSIVES FAMILY/DEVICE	WORK TASK	LEVEL	DATE	REMARKS
HE MUNITIONS & COMPONENTS				
SPECIAL PURPOSE BOMBS				
SRG-1 ITEMS				
ROCKET MOTORS, WARHEADS, & COMPONENTS				
SMALL ARMS AMMUNITION				
AIRCRAFT GUN AMMUNITION				
CADS/PADS				
FUZES				
PRECISION GUIDED MUNITIONS				
DEMOLITION MATERIALS				
JATO/RATO				
AIRBORNE EXPENDABLE COUNTERMEASURES				

STATEMENT OF UNDERSTANDING

"I understand that my behavior on duty as well as off duty is expected to reflect mature, stable judgment and that I may be removed from my duties involving the control of arms, ammunition and explosives. Or other administrative action will be taken, if my behavior does not reflect high standards. I further understand that serious harm can come from my failure to properly carry out my duties. I am aware that my improper actions or failure to carry out my duties may result in criminal prosecution, fines, and imprisonment. I understand and accept responsibility to safeguard arms, ammunition and/or explosives."

INITIAL SCREENING

_____ DATE: _____
SIGN _____

RE-SCREEN QUARTERLY

SIGN _____	DATE _____

**PERSONNEL SCREENING FORM
FOR ARMS, AMMUNITION, AND EXPLOSIVES (AA&E)**

Screening (check one): INITIAL ANNUAL

Ref: (a) MCO 5530.14A
(b) MCO P4400.150

Individual Being Screened			
Rank :	Full Name :		
SSN :	MOS :	Billet :	
Date of screening :	Signature :		

Individual Conducting Screening			
Rank :	Full Name :		
SSN :	MOS :	Billet :	
Date of screening :	Signature :		

SUBJECT	YES	NO	N/A	REMARKS
Individual's medical record has been screened by a competent medical authority. There are no medical conditions that would prevent this individual from handling AA&E.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual's Services Record / Officer Qualification Record / Personnel File has been screened. There is no derogatory information that would prohibit this individual from handling AA&E.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual has no pending legal action and/or convictions by court-martial, civilian courts, or non-judicial punishment that would prohibit this individual from handling AA&E.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual demonstrates the requisite maturity, judgment, and leadership required to handle AA&E.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the individual had a National Agency Check (NAC) or Entrance National Agency Check (ENTNAC) completed and is the result posted in the MMS system or appropriate personnel file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the individual qualified with the required security weapon within the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the Individual completed instruction in the use of deadly force and signed a deadly force certification, if required to be armed in the performance of his/her duties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Based on the above information, I have determined that the subject Individual (check one):

- does meet the personnel screening requirements to handle AA&E in performance of their regular duties.
- currently does not meet the personnel screening requirements to handle AA&E in performance of their regular duties. Individual will be re-evaluated in ___ days.
- can not meet the personnel screening requirements to handle AA&E in performance of their regular duties. A summary of the findings for non-qualification are attached. If appropriate, the command will request that action be taken to re-train and/or reassign subject individual to an occupational field not requiring routine handling of AA&E.

Retention: This Record will be maintained for one year after termination of the individual's assignment, or one year after final interview if the individual is disqualified during the screening or re-screening process.



UNITED STATES MARINE CORPS
2D LIGHT ARMORED RECONNAISSANCE BATTALION
2D MARINE DIVISION
PSC BOX 20003
CAMP LEJEUNE, NC 28542-0004

IN REPLY REFER TO:
5530
Ord

From: Arms, Ammunition, and Explosives Officer
To: Medical Officer

Subj: MEDICAL SCREENING FOR AA&E DUTIES

Ref: MCO P5530.14_

1. Please screen Rank Last, First I./XXXX health record for assignment to Arms Ammunition and Explosives (AA&E) duty. A positive response to any of the questions listed below may disqualify the individual from assignment to working with AA&E in the performance of his/her duties.

a. Does the Marine have history of alcohol abuse?
YES _____ NO _____

b. Has the Marine been the subject of psychiatric evaluation?
YES _____ NO _____

c. Has the Marine been treated for suicidal tendencies?
YES _____ NO _____

d. Has the Marine been treated for depression?
YES _____ NO _____

e. Has the Marine been treated for stress?
YES _____ NO _____

f. Has the Marine been treated for drug abuse?
YES _____ NO _____

g. Is the Marine under any permanent medication that might degrade his mental capacity?
YES _____ NO _____

2. The above Marine's Medical Record Book has been reviewed.

MEDICAL OFFICER SIGNATURE AND DATE

Section 5

HANDLER ONLY DEPARTMENT OF THE NAVY MEDICAL EXAMINERS CERTIFICATE HANDLER ONLY

I certify that I have examined _____ in accordance with

NAVSEA OP 5 and NAVMED P-117

- and with the knowledge of the position duties of Explosive Handler I find this person
- Qualified without restrictions
- Qualified with restrictions noted below

A copy of this examination is on file in my office.

Signature of Medical Examiner:

Telephone No.

Exam Date:

Medical Examiner Name (Print):

MD/DO

PA

ANP

Medical Examiner's License/Certification Number/Issuing State: Exam Certificate Expiration Date:

Signature of Handler:

Date of Birth:

Restrictions (if any):

- Limited to current position only
- OTHER (please specify)

NOTE: This Medical Certificate is valid for Explosive MHE (721) programs and Forklift (710) operation.

LOCAL RECORDS CHECK (1600)
 NAVMC 10482 (REV. 3-93) (EF) (Previous editions will be used)

SN: 0000-00-005-2402 UI: 50 SH PER PG

DATE:

NAME (<i>Last, First, Middle</i>)		SSN	GRADE	MOS
ORGANIZATION				
DATE OF BIRTH	PLACE OF BIRTH		CITIZENSHIP	
NAME OF SPOUSE (<i>Last, First, Middle</i>)		DOB	PLACE OF BIRTH	CITIZENSHIP
CLEARANCE STATUS (<i>Degree</i>)	BASIS	COMPLETED BY (<i>Agency</i>)		DATE COMPLETED

PURPOSE FOR REQUESTING LOCAL RECORDS SCREENING
 ARMS, AMMUNITION AND EXPLOSIVES

RESULTS OF COMMAND SCREENING

RECORDS CHECKED:

OQR/SRB
 HEALTH RECORD
 UNIT PUNISHMENT LOG

RECORDS SCREENED BY THE COMMAND REFLECT (*Check appropriate block*):

NO DEROGATORY
 FOLLOWING INFORMATION:

 (*Signature of Requesting Official*)

USE OF DEADLY FORCE

I am justified in using the weapon with which I am armed to apply deadly force only under conditions of absolute necessity and only as a last resort when all other means have failed or cannot be employed. If such is the case, I can use deadly force:

- _____ a. To protect myself if I reasonably believe that I am in imminent danger of death or serious bodily harm;
- _____ b. To protect others if I observe and reasonably believe that they are in imminent danger of death or serious bodily harm;
- _____ c. To prevent acts which reasonably appear to me to threaten property or information designed by my commanding officer as vital to national security and to prevent the escape of someone who presents a threat;
- _____ d. To prevent what reasonably appears to be the actual theft, destruction, or compromise of property or information designed by my commanding officer as of substantial importance to national security, when it appears reasonably necessary to do so;
- _____ e. To prevent the actual theft or sabotage of property that is, of itself, dangerous to others, when it appears reasonably necessary to do so, e.g., explosives, weapons, ammunition, etc.;
- _____ f. To effect the apprehension or prevent the escape of an individual who there is probable cause to believe has committed a serious offense involving violence and threatening death or serious bodily harm and is a continued threat to the safety of others;
- _____ g. To prevent the escape of a prisoner, but only when reasonable necessary and only when deadly force has been specifically authorized by my commanding officer or other competent authority and provided I have probable cause to believe that the escaping prisoner poses a threat of death or serious physical harm to myself or others;
- _____ h. To comply with a lawful order issued by competent authority.

ADDITIONALLY, I UNDERSTAND THAT:

- _____ a. Unless fired in the protection of nuclear weapons, shots will not be fired if the likelihood of hitting innocent bystanders exists.
- _____ b. The firing of warning shots is not authorized.
- _____ c. I will read and sign this form every quarter while I am performing AA&E duties.

Signature

Date

Print



MCO 5530.14A
5 Jun 09

FOR OFFICIAL USE ONLY

UNITED STATES MARINE CORPS
UNIT NAME
2D MARINE DIVISION
PSC BOX 20112
CAMP LEJEUNE, NC 28542-0112

IN REPLY REFER TO:
8000
Ord
20 Aug 09

From: Arms, Ammunition, and Explosives Officer
To: Personnel Officer

Subj: UNIT DIARY ENTRIES FOR AA&E SCREENING

Ref: (a) MCO P5530.14
(b) MCO P4400.150

1. Per the references, the below listed personnel have been screened and found qualified for duties involving Arms, Ammunition, and Explosives (AA&E):

<u>NAME</u>	<u>RANK</u>	<u>SSN</u>
Incharge, I Am,	SSgt	123 45 6789
Marine, I Am,	LCpl	123 45 6789

2. It is requested that these individuals have a Type Transaction Code (TTC) 483, AA&E screen entered into the Marine Corps Total Force System (MCTFS). Provide a copy of the certified unit diary printout to the Arms, Ammunition and Explosives Officer.

3. Point of contact for this matter is AA&E Officer at XXX-XXXX.

A. A. ANDY

Section 5



UNITED STATES MARINE CORPS
 2D LIGHT ARMORED RECONNAISSANCE BATTALION
 2D MARINE DIVISION
 PSC BOX 20090
 CAMP LEJEUNE NC 28542-0090

IN REPLY REFER TO:
 5530
 AA&E

From: Ordnance Officer
 To: Intelligence Officer
 Subj: SECRET CLEARANCE VERIFICATION OF ARMS, AMMUNITION, AND EXPLOSIVES
 (AA&E) PERSONNEL
 Ref: (a) MCO 5530.14A

1. In accordance with the reference, it is requested that the below listed personnel be verified for a secret clearance for access to the battalion armory spaces.

<u>NAME</u>	<u>RANK</u>	<u>Last 4</u>	<u>BILLET</u>
Lawson Jr, D. L	SSGT	1273	Battalion Ammo Chief
Marinucci, A. R	LCpl	8484	Ammo Tech

2. Point of contact is the battalion ordnance officer at 451-7248.

J. R. SIMMONS

5530
 date

FIRST ENDORSEMENT

From: Intelligence Chief
 To: Ordnance Officer
 Subj: SECRET CLEARANCE VERIFICATION OF ARMS, AMMUNITION, AND EXPLOSIVES
 (AA&E) PERSONNEL

1. The above listed personnel have been reviewed and found to have valid secret clearances.

B. K. MACKENZIE

