

APPENDIX I  
AA&E SCREENING PACKAGE  
**FOR OFFICIAL USE ONLY**

**NAVMC 11386 (04-00) (EF)**  
FOUO - Privacy Sensitive when filled in.

**PERSONNEL SCREENING FORM  
FOR ARMS, AMMUNITION, AND EXPLOSIVES (AA&E)  
(REV DTD 29 JAN 00)**

Screening (check one):       INITIAL       ANNUAL

Ref: (a) MCO 5530.14\_\_\_\_  
(b) MCO P440.150\_\_\_\_

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

Individual Conducting Screening			
Rank :	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.				
Individual's service record book or officer qualification record has been screened. There is no derogatory information that would prohibit this individual from handling AA&E.				
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.				
Individual demonstrates the requisite maturity, judgment, and leadership required to handle AA&E.				
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?				
Has the Individual qualified with the required security weapon within the last 12 months?				
Has the Individual completed instruction in the use of deadly force in the last three months and signed a deadly force certification if required to be armed in the performance of his/her duties?				

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.

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Adobe Designer 8.0

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MCO 5530.14A  
5 Jun 09



**FOR OFFICIAL USE ONLY**  
**UNITED STATES MARINE CORPS**  
UNIT HEADING

IN REPLY REFER TO:  
5530  
Ord  
Date

From: Arms, Ammunition, and Explosives (AA&E) Officer  
To: Medical Officer

Subj: MEDICAL SCREENING FOR AA&E DUTIES ICO LCPL JOE B. MARINE XXX  
XX 6789/21XX

Ref: MCO 5530.14\_

1. Please screen the above individual's 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/her mental capacity?

YES \_\_\_\_\_ NO \_\_\_\_\_

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

\_\_\_\_\_  
MEDICAL OFFICER SIGNATURE AND DATE

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MCO 5530.14A  
5 Jun 09



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UNITED STATES MARINE CORPS  
UNIT HEADING

IN REPLY REFER TO:  
5530  
Ord  
Date

From: Commanding Officer  
To: AA&E Officer

Subj: MONTHLY ADJUDICATION INQUIRY, C/O LCPL I. M. MARINE  
XXX XX 6789/21XX

Ref: MCO 5530.14

1. Per the reference the status of LCpl \_\_\_\_\_ NACLIC has been verified, through JPAS. This Marine will continue to perform assigned duties while awaiting adjudication of the investigation. All other screening requirements have been completed and filed accordingly.
2. LCpl \_\_\_\_\_ investigation was submitted to DONCAF on DATE, and his/her interim clearance date began: DATE.
3. The point of contact regarding this matter is (list name of person with JPAS account/verification ability).

I. M. INCHARGE

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**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**

LCPL MARINE, I AM XXX XX 6789

DATE: \_\_\_\_\_

SIGN \_\_\_\_\_

**ANNUAL RE-SCREEN**

SIGN \_\_\_\_\_

DATE \_\_\_\_\_

SIGN \_\_\_\_\_

DATE \_\_\_\_\_

SIGN \_\_\_\_\_

DATE \_\_\_\_\_

SIGN \_\_\_\_\_

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SIGN \_\_\_\_\_

DATE \_\_\_\_\_

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MCO 5530.14A  
5 Jun 09



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UNITED STATES MARINE CORPS  
UNIT HEADING

IN REPLY REFER TO:  
8000  
ORD  
Date

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

Subj: **UNIT DIARY ENTRIES FOR AA&E SCREENING**

Ref: (a) MCO P4400.150\_  
(b) MCO 5530.14\_

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

<u>NAME</u>	<u>RANK</u>	<u>SSN</u>
Incharge, I Am,	SSgt	123 45 6789
Marine, I Am,	LCpl	987 65 4321

2. It is requested that the individuals listed above have a Type Transaction Code (TTC) 483, Arms 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

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