

**DRUG ENFORCEMENT ADMINISTRATION
OFFICE OF SECURITY PROGRAMS**

e-QIP/JSTARS INFORMATION SHEET (Contractor and TFO Applicants Only)

The applicant is required to complete an electronic questionnaire through the Office of Personnel Management on-line e-QIP system. You must complete this form in order for DEA to establish the applicant's e-QIP account. *Hyphenated names must be typed correctly.*

**To be completed by the contractor's security officer.
*This form must be typed.***

1. Full Name of Applicant: Suffix:
(Last, First, Middle; enter "NMN" if no middle name. If middle initial only, state "MI only.")
2. SSN:
3. Date of Birth:
4. Place of Birth:
(City, State if born in the United States. City, Country if NOT born in the United States)
5. Applicant's Personal Email Address:
6. Applicant's Daytime Telephone Number:
7. Applicant's Position Title:
8. DEA Division/Office:
9. DEA Duty Location (City and State):
10. Full Name of DEA 1st Line Supervisor (not required for linguist): TEL:

(Last, First, Middle; enter "NMN" if no middle name. If middle initial only, state "MI only.")
11. Name of Contractor Company:
12. Contract/Order Number:
13. Name of Contractor's Security Officer: TEL:
14. Business Email Address for Contractor's Security Officer:
15. Name of DEA COR/TM: TEL:

FOR DEA HEADQUARTERS USE ONLY

Appropriation Number: _____

PRIVACY ACT STATEMENT

GENERAL: Pursuant to Public Law 93-479 (Privacy Act of 1974), the information is provided for employment purposes. Collection of the social security number is authorized by Executive Order 9397 to help identify individuals because other people may have the same name.
AUTHORITY: E.O. 9397; E.O. 10450; E.O. 12356; 5 U.S.C. 1303-1305 and 3301; 42 U.S.C. 2165 and 2455; 22 U.S.C. 2585 and 3519.
EFFECT: Failure to provide the necessary information could preclude your suitability for a security clearance or access to sensitive information.