DIA DAC-2 CERTIFIED SCIF INSPECTOR

NOMINATION FORM

Candidate Contact Information:

Name: _____

Title: _____

Phone: _____

Email: _____

Mailing Address (for CSI Certificate Delivery):

_____

_____

_____

Location of CSI Training:

City: _____

State: _____

Military Installation: _____

Pre-Requisite Information (*):

Date completed ICD 705 course or equivalent: _____ (MM/YY)

Date completed SCI Officials course or equivalent: _____ (MM/YY)

Number of years experience as Security Official: _____

Number of facilities under your cognizance: _____

Brief Justification for Nomination:

FOR HQDA SSO USE ONLY

_____ _____

Clifford McCoy Date

Chief, SCI Policy Branch

** NOTE: ACOM, ASCC, and DRU Command SIOs and SCI Program Managers can nominate personnel for this course/certification.*