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 a	pplicable):	

## 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

	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. <b>Submit the form via mail, fax, or messaging in the NP2 Portal to NBIB SON SOI</b> . Do not submit PII through unsecure channels. For additional information and/or assistance, call <b>DCSA</b> 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):		
	Agency Name:		
	Address:		
	City: Zip Code:		
3.	Change/add security office telephone numbers (DCSA does not have DSN capabilities):		
	Commercial: Extension: Commercial: Extension:		
4			
4.	- <b>G</b>		
	Treasury Account Symbol (TAS):		
	Intra-Governmental Payment & Collection (IPAC): Business Event Type Code (BETC):		
5.	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: Name:		
	SSN: SSN:		
	Type/date of last investigation: Type/date of last investigation:		
7.	Delete authorized callers:		
/٠	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:		
Trevide a group entail address for containable evaluation nethodischer.			
so	SOI Security Officer Name: Signature:		

This form should be duplicated as needed.

Email Address: