



PERSONAL HISTORY QUESTIONNAIRE (PHQ) AND SELF-DISCLOSURE

REINSTATEMENT (R1Y) AUTHORIZATION (GREATER THAN 30 DAYS, BUT LESS THAN 365 DAYS)

**All information provided will be treated as PERSONAL-CONFIDENTIAL
and observed only by persons with an authorized NEED-TO-KNOW.**

In order to meet the requirements of the Nuclear Regulatory Commission (NRC), the nuclear power plant (NPP) to which you are applying for unescorted access authorization requires that you consent to undergo a background screening process. The purpose of the screening process is to determine your trustworthiness and reliability to work within the protected and vital areas of a NPP. Information from this form will be used to conduct a background investigation for access authorization purposes as required by the NRC.

You must provide all information requested in a complete and accurate manner. Your signature on the document is your certification that the information you have provided is complete and correct. Providing deliberate or willful misleading statements to any NPP with the intent to gain access is a violation of Federal regulations. Any misrepresentation, deliberate misstatement, falsification or willful omission may constitute cause for denial or revocation of unescorted access authorization. Failure to report and list reasons for any previous suspension, revocation or denial of unescorted access to a NPP or other entity subject to either the NRC access authorization or FFD regulation may be sufficient cause for denial or revocation of unescorted access authorization or security clearance. If such an instance is detected the plant is required to advise the NRC. The NRC may investigate you and, if appropriate, criminal and civil sanctions may be imposed against you if deemed material by the NRC. When such instances have previously occurred, the result has been a lengthy (five-year) or permanent exclusion from work at nuclear power plants in the United States.

The facts concerning your criminal history or fitness-for-duty record may be subject to interpretation due to varying categorizations of similar offenses between States. It is therefore required that you disclose all information that has any potential for being considered as derogatory to minimize the likelihood of discrepancies between the information you provided and that obtained from other sources. All information requested is needed for the purpose established by NRC regulation or Orders. Results of the investigation will be available as specified in your signed Consent form, to entities authorized by the NRC pursuant to unescorted access authorization programs. In some of the sections of the PHQ you are required to provide your personal information; in other sections you will be required to acknowledge that you understand certain on-going requirements or personal responsibilities. The information requested may include any or all of the following topics: verification of identify, self-disclosure data, employment/unemployment history (including military service and/or education in lieu of employment), criminal history, credit history, character references, residences, and fitness-for-duty history. When not in use, your written information is stored in a secure environment, which may include being electronically placed in a secure database, to prevent unauthorized disclosure of personal information.



PERSONAL HISTORY QUESTIONNAIRE (PHQ) AND SELF-DISCLOSURE REINSTATEMENT (R1Y) AUTHORIZATION (GREATER THAN 30 DAYS, BUT LESS THAN 365 DAYS)

INSTRUCTIONS FOR THE COMPLETION OF THE PERSONAL HISTORY QUESTIONNAIRE:

Unless otherwise instructed, you are required to complete all portions of this PHQ to be considered for unescorted access authorization and/or unescorted access (UAA/UA) at a nuclear power plant (NPP). Please type or print the specific answers to all questions and requests for information. Line out and initial mistakes. Write "None" or "N/A" when the question is not applicable. Some questions are followed by requests for additional data. Enter all dates in the format month, day and four-digit year (MM/DD/YYYY). Attach additional pages to the PHQ if the length of an explanation exceeds the space provided. After completing, review the questionnaire to ensure there are no omissions and your printed name and social security number are included on each page—number each page sequentially. When asked Yes or No, circle the applicable response.

Printed Legal Name

I have read and understand the instructions for filling out this PHQ Initial

Have you ever applied for or been granted UAA/UA at a Nuclear Power Plant (NPP)? Yes No

If Yes, last UAA/UA was terminated Favorable or Unfavorable (Circle One) at Plant Name on: Date

Have you ever been denied unescorted access at a NPP? Yes No If yes complete the following:

NPP you were denied from: Date of Denial:

Reason for Denial

Have you ever been or are you currently in a follow-up testing program? YES NO

If "YES" at which NPP?

FOR OFFICE USE ONLY PHQ REVIEW Initial/Date 1st Review: Initial/Date 2nd Rev.: SSIS ENTRY Initial/Date 1st Review: Initial/Date 2nd Rev.:



ENERGY NORTHWEST AUTHORIZATION
CONSENT TO OBTAIN, RETAIN, AND TRANSFER INFORMATION

1. Energy Northwest has my consent to:
 - a. Collect personal information about me in order to verify the information's accuracy;
 - b. Conduct a background investigation (BI) in accordance with United States Nuclear Regulatory Commission (NRC) regulations to verify information I have provided on a Personal History Questionnaire and other information, as necessary;
 - c. Retain personal information provided for investigation; and
 - d. Transfer information from other licensees, as necessary, including information pertaining to the denial of unescorted access authorization (UAA) or unescorted Access (UA) to determine whether to grant me unescorted access to a United States NRC-licensed facility and to allow me to maintain such access.
2. The information collected will only be used for the purposes of determining UAA, UA, or separate fitness-for-duty (FFD) authorization in accordance with 10 CFR Part 26, Fitness-for- Duty Programs, unless I provide a separate release to the licensee for another purpose.
3. I understand that evidence of criminal conduct detected during the conduct of a BI must be reported to the appropriate law enforcement agency.
4. I authorize the use of signed copies of this consent to be used in place of an originally signed consent document.
5. The NRC requires that the information collected be used in determining that an individual is trustworthy, reliable, and fit for duty prior to granting and while maintaining UAA/UA. The results of this determination must be available to other NRC licensed facilities.
6. Any of the following actions related to the providing and sharing of personal information is sufficient cause for denial or unfavorable termination of UAA/UA:
 - a. Refusal to provide written consent for the suitable inquiry;
 - b. Refusal to provide information or the falsification of any personal information required under 10 CFR Part 26, Fitness-for-Duty Programs, including, but not limited to, the failure to report any previous denial or unfavorable termination of authorization;
 - c. Refusal to provide written consent for the sharing of personal information with other licensees or other entities required under 10 CFR Part 26, Fitness-for-Duty Programs; and
 - d. Failure to report any legal actions.

ENERGY NORTHWEST AUTHORIZATION

CONSENT TO OBTAIN, RETAIN, AND TRANSFER INFORMATION

7. I understand that the domestic commercial nuclear industry uses a computerized, restricted-access data system, the Personnel Access Data System (PADS), to share information necessary to process applications of workers for unescorted access to NRC-licensed facilities. I further understand that this system is intended to permit NRC-licensed facility licensees and their accepted contractors/vendors to meet regulatory requirements mandating that certain information be available to any facility licensee by retaining certain access information in a central computer database.
8. I understand that the information may be transferred, electronically or otherwise, to other licensees and contractor/vendors or the agents of each. This information will include, but is not limited to:
 - a. Name and Social Security Number;
 - b. Place of birth and physical characteristics;
 - c. Dates when any of the following are completed: background investigation, psychological evaluation, fitness-for-duty testing, suitable inquiry checks;
 - d. FBI criminal history;
 - e. Dates when unescorted access has been authorized or terminated;
 - f. Date of any denial of access and the company holding the relevant information;
 - g. Dates associated with FFD testing (preaccess, post-event, for cause and follow-up);
 - h. Annual radiation exposure history;
 - i. Respiratory equipment qualification/fit testing;
 - j. Medical qualification for respirator use;
 - k. Data concerning training required for unescorted access and work qualification; and l. Direction to seek additional information directly from another licensee.
9. I authorize any individual, organization, institution, or entity that now has, or obtains in the future, access-related information about me (examples of which are provided in the above paragraph), whether or not such information is included in the PADS database, to release any such information in order to perform the investigation and evaluation required for UAA/UA.
10. I authorize the entry into the PADS computer database any information collected for the purpose of processing my application for, or continued maintenance of, UAA/UA. I authorize the transfer of such information, electronically or otherwise, to other licensees and contractors/vendors. I authorize such licensees and contractors/vendors to use the database information for the purpose of determining my eligibility for UAA/UA to an NRC-licensed facility.
11. I understand that information obtained pursuant to this Consent shall be treated as confidential. The release of access-related information about me shall be limited to regulatory agencies and such personnel of NRC-licensed facilities and their contractors/vendors who have been designated as having a "need to know" the information in order to do their jobs. The following is a listing of individuals that may access information without my consent to perform official duties:
 - a. Myself or my representative, when I have designated the representative in writing for specified UAA/UA and/or FFD matters;
 - b. Assigned Medical Review Officer's (MRO) and MRO staff;
 - c. NRC representatives;
 - d. Appropriate law enforcement officials under court order;
 - e. A licensee, Contractor/Vendor (C/V) or their agents who have a need to have access to the information to perform their assigned duties under the UAA/UA and/or FFD program, including determinations of fitness, Access Authorization (AA) or FFD program audits, and some human resources functions;
 - f. The presiding officer in a judicial or administrative proceeding that is initiated by the subject individual;
 - g. Persons deciding matters under access authorization or FFD program appeal process; and
 - h. Other persons pursuant to court order.

ENERGY NORTHWEST AUTHORIZATION
CONSENT TO OBTAIN, RETAIN, AND TRANSFER INFORMATION

12. I understand that all information about me in the database will be maintained as securely as reasonably practicable for a period of at least 5 years after UAA/UA is last terminated. The types of records maintained include documentation collected during the administration of the access authorization and FFD programs.
13. All documents pertaining to a 5 year or permanent denial of UAA/UA required by 10 CFR Part 26 will be retained by a licensee making the denial or unfavorable termination of UAA/UA for 40 years or the NRC determines that the records are no longer needed.
14. The records of FFD training and examinations conducted under 10 CFR Part 26 will be maintained for at least 3 years.
15. Records identified are normally maintained at Energy Northwest.
16. I understand that I have a right to review information collected and maintained by Energy Northwest to assure it is accurate and complete and to correct any inaccurate or incomplete information.
17. I understand that, upon my written request to Energy Northwest, and at no cost to me, I will be provided, within 10 business days, with a printed copy of the information about me which is recorded in the database. If, after my review of such information, I can show that any of the information is incorrect or incomplete, such information will be corrected and/or completed as soon as is reasonably practical.
18. I understand that at any time and upon written notice to Energy Northwest, I may withdraw this Consent, but this will also constitute a withdrawal of my request for access. I understand that any processing activities that were initiated before receipt of my withdrawal of consent shall continue and the resulting information will be retained in the database. No new inquiries shall be initiated after receipt of my withdrawal of consent and PADS participants are not permitted to retrieve information from the database other than my name, date of birth, identification number, and the fact that my consent has been withdrawn, thereafter unless I provide a currently valid Consent or it is required by NRC regulation.
19. I hereby release Energy Northwest, other PADS participants, Nuclear Energy Institute (NEI), and the officers, employees, representatives, agents, and records custodians of each as well as the officers, employees, representatives, agents, and records custodians of any entity or individual supplying or using such information from any and all liability based on their authorized receipt, disclosure, or use of the information obtained pursuant to this Consent and to determine my eligibility for unescorted access.
20. I understand that this Consent is not intended to and does not affect any right or responsibility that I, my employer (if not Energy Northwest), or may have under Section 211 of the Energy Reorganization Act of 1974, as amended. I further understand that nothing herein (1) affects my right or my responsibility to bring potential safety concerns to my employer (if not Energy Northwest), or the NRC; or (2) prohibits me from participating in any proceeding or investigation regarding such a potential safety concern.
21. I have read and understand this Consent and authorize Energy Northwest to take such actions as are described herein or specified by PADS procedures. While I understand that unescorted access is dependent upon my accepting the regulatory requirements of this program, the statements made by me in this Consent and my decision to sign this Consent are voluntary. The statements were not induced by any promise nor have I been subjected to any threat, duress or coercion to sign this Consent.

Applicant's Printed Legal Name

Social Security Number

Applicant's Signature

Date



**ENERGY NORTHWEST AUTHORIZATION
NOTIFICATION OF LEGAL ACTION**

Federal Regulations require that individuals applying for and who have been granted unescorted access at Nuclear Power Plants must report legal actions. A legal action will be judged based upon its potential to impact upon your reliability and trustworthiness. This is part of the Behavioral Observation Program.

To comply with this regulation, you are required to report ANY legal action (not minor traffic offenses), to Access Authorization no later than your first day back to work

A legal action is defined as:

A formal action taken by a law enforcement authority or court of law, including being held, detained, taken into custody, charged, arrested, indicted, fined, forfeited bond, cited, or convicted for a violation of any law, regulation or ordinance this includes felony, misdemeanor, serious traffic offenses, serious civil charges or military charges but does not include minor misdemeanors such as parking tickets or minor civil actions such as zoning violations or minor traffic violations such as moving violations when the individual was not physically taken into custody, and includes: (1) the use, sale or possession of illegal drugs; (2) the abuse of legal drugs or alcohol; or the refusal to take a drug or alcohol test.

Failure to report a legal action as required may result in suspension of unescorted access authorization and disciplinary action.

By my signature below, I certify that I have read this notification and understand my obligation to report legal actions.

Applicant's Printed Legal Name

Social Security No.

Applicant's Signature

Date

Employer

**ENERGY NORTHWEST AUTHORIZATION
PERSONAL HISTORY QUESTIONNAIRE (PHQ) AND SELF-DISCLOSURE**

SECTION I—PERSONAL DATA

Provide personal information in blanks provided – **since you last held unescorted access authorization – UAA/UA** (or for the period requested). Ensure that the telephone number you provide is current in the event you need to be contacted for clarification or for additional information, if necessary.

Last name First name Middle Social Security Number

Other Names: _____
Maiden name, aliases, nicknames and when used

Date of Birth: ____ / ____ / ____ **Country of citizenship:** _____

Place of Birth: _____
City State if US Country

Permanent address:

Number – Street – Apartment No. City: State: Zip code:

Cell/Home Telephone number

To assist in contacting you if additional information is needed, provide as available:

Daytime local telephone number: Cell phone number/pager E-mail address

Personal Description:

Height (ft/inch) Weight (lbs) Eye color Hair color Sex: M / F Race

Printed Last Name SSN

**ENERGY NORTHWEST AUTHORIZATION
PERSONAL HISTORY QUESTIONNAIRE (PHQ) AND SELF-DISCLOSURE**

SECTION I—PERSONAL DATA (Cont'd)

US Driver's License Information— If no license, explain: _____

Driver license number _____ *State* ____/____/____
Expiration date

If address reflected on driver's license is not current – Explain _____

If you were NOT born In the United States, provide the applicable information specified below:

Date and Port of Entry into US: ____/____/____ _____

Name at time of entry *Alien registration number* *Naturalization number*

If you don't have a SSN provide alternate: _____
Identification number/Type *Source (e.g., passport)*

**ENERGY NORTHWEST AUTHORIZATION
PERSONAL HISTORY QUESTIONNAIRE (PHQ) AND SELF-DISCLOSURE**

SECTION II – SELF-DISCLOSURE INFORMATION

The Nuclear Regulatory Commission requires that the company investigate your previous employment history and make inquiries of employers to determine whether or not there are any fitness-for-duty (FFD) concerns that must be explored and evaluated prior to certifying unescorted access authorization and granting unescorted access.

Answer each question by circling either **Yes** or **No** as it pertains to you. For each **Yes** answer include the specific type of issue, duration and resolution including but not limited to the reason for an unfavorable termination or denial of authorization. Details may include but are not limited to date, name and location name of the employer or potential employer involved (to whom you applied for employment), nature of the violation, any hearing, penalty imposed or other disposition.

Since you last held UAA/UA, have you

(Circle **Yes** or **No**):

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 1. violated a licensee or employer's fitness-for-duty program? | Yes | No |
| 2. been denied or had unescorted access authorization terminated unfavorably at any place of employment or at any nuclear power plant for any reason including fitness for duty policy violation or been unfavorably terminated from any employment for a fitness-for-duty reason? | Yes | No |
| 3. used, sold or possessed illegal drugs? | Yes | No |
| 4. abused legal drugs or alcohol? | Yes | No |
| 5. ever subverted or attempted to subvert a drug or alcohol testing program? | Yes | No |
| 6. refused to take a drug or alcohol test? | Yes | No |
| 7. been subject to a plan (except self-referral) for treating substance abuse? | Yes | No |
| 8. been subject to a law enforcement authority or court of law action for alcohol or drug use related to any of the following: | | |
| The use, sale or possession of illegal drugs? | Yes | No |
| The abuse of legal drugs or alcohol? | Yes | No |
| The refusal to take a drug or alcohol test? | Yes | No |
| 9. been subject to employment action taken for alcohol or drug abuse involving any of the following: | | |
| A change in job responsibilities or removal from a job? | Yes | No |
| Mandated implementation of a plan for substance abuse treatment in order to avoid a change in or removal from a job? | Yes | No |
| 10. Are you currently in a fitness-for-duty follow-up testing program? | Yes | No |

Explain any "YES" answers, including date(s), location(s), and description of incident(s):

Printed Last Name

SSN

**ENERGY NORTHWEST AUTHORIZATION
PERSONAL HISTORY QUESTIONNAIRE (PHQ) AND SELF-DISCLOSURE**

*****CAUTION*****

PLEASE READ CAREFULLY BEFORE SIGNING BELOW

Be sure to read the instructions on the next page carefully and complete all sections. Incomplete information will delay processing and/or be cause for denial of unescorted access.

I understand, on the Criminal History Questionnaire Sheet (next page), I must list all legal actions since my 18th birthday, if initial, and since my last unescorted access, if Update or Reinstatement.

False or misleading statements or omissions of facts are sufficient grounds for denial of unescorted access and employment.

I have read and understand the instructions regarding my criminal history and I am aware that I may be required to furnish paperwork to backup my criminal history.

Print Name

Signature

Printed Last Name

SSN

**ENERGY NORTHWEST AUTHORIZATION
PERSONAL HISTORY QUESTIONNAIRE (PHQ) AND SELF-DISCLOSURE**

SECTION IV – EMPLOYMENT/UNEMPLOYMENT HISTORY

Provide employment or unemployment information since you last held UAA/UA which was terminated favorably.

Start with your current or most recent employment or unemployment period and work back in time. **Do not leave any gaps.** List self-employment and any employment in a foreign country. List full company name (avoid abbreviations). Job sites must be listed for each employer. If you worked multiple job sites while employed by a single employer, list them in Section VII of this PHQ or attach a separate sheet. If a former employer is no longer in business or if you were self-employed, provide the names of two people who can verify that information (e.g., former supervisor, co-worker, customer, client, neighbor, etc.). Do not list an unemployment office.

Did you serve in the **Military—as employment** since you last held UA/UAA? **Yes No**

Did you attend an **Educational Institution in lieu of employment** since you last held UA/UAA? **Yes No**

If **Yes** to either question, fill in the Military and/or Education part of this section and only include other employment/ unemployment periods here.

Union Affiliation (if applicable): _____
Union Name *Local Number*

Business agent name *Telephone number*

Have you been fired, involuntarily terminated, or forced to leave any job or position, except as part of a reduction in force, since UAA/UA last held? **Yes No**

If **Yes**, explain the circumstances and reason for leaving in the appropriate employment period below.
Write "None" or "N/A" when the question is not applicable. Start with your Most recent or your current employer.

EMPLOYMENT (Current or Latest): From / / To: / /

Name of employer: _____

Address *City* *State* *Zip Code*

Position held/Job title *Job location (if different than address listed above)*

Contact Name *Telephone number*

Reason for Termination: _____

Eligible for Rehire: **YES NO**

If **self-employed** or **employer out of business** (circle one), provide a second reference for verification:

Name of person who can verify activities *Telephone number*

Printed Last Name

SSN

**ENERGY NORTHWEST AUTHORIZATION
PERSONAL HISTORY QUESTIONNAIRE (PHQ) AND SELF-DISCLOSURE**

SECTION IV – EMPLOYMENT/UNEMPLOYMENT HISTORY (Cont'd)

UNEMPLOYMENT (Latest): From ___ / ___ / ___ To: ___ / ___ / ___

Activities during this period: _____

Name of person who can verify activities

Telephone number

Name of person who can verify activities

Telephone number

EMPLOYMENT (Latest): From ___ / ___ / ___ To: ___ / ___ / ___

Name of employer: _____

Address

City

State

Zip Code

Position held/Job title

Job location (if different than address listed above)

Contact Name

Telephone number

Reason for Termination: _____

Eligible for Rehire: YES NO

If **self-employed** or **employer out of business** (circle one), provide a second reference for verification:

Name of person who can verify activities

Telephone number

UNEMPLOYMENT (Latest): From ___ / ___ / ___ To: ___ / ___ / ___

Activities during this period: _____

Name of person who can verify activities

Telephone number

Name of person who can verify activities

Telephone number

EMPLOYMENT (Latest): From ___ / ___ / ___ To: ___ / ___ / ___

Name of employer: _____

Address

City

State

Zip Code

Position held/Job title

Job location (if different than address listed above)

Contact Name

Telephone number

Reason for Termination: _____

Eligible for Rehire: YES NO

If **self-employed** or **employer out of business** (circle one), provide a second reference for verification:

Name of person who can verify activities

Telephone number

Printed Last Name

SSN

**ENERGY NORTHWEST AUTHORIZATION
PERSONAL HISTORY QUESTIONNAIRE (PHQ) AND SELF-DISCLOSURE**

SECTION IV – MILITARY SERVICE AS EMPLOYMENT

Did you serve in the military as primary job within the last three (3) years or since your 18th birthday? Yes No
If **Yes** complete this section for each period of service. Add continuation if page(s), as needed.

Do you have the DD Form 214 you received upon discharge? Yes No
If **Yes**, present the Original DD Form 214 with this PHQ (a copy will be retained and the original returned after authentication).

Service period: From: ___ / ___ / ___ To: ___ / ___ / ___

Type of Service: (Circle one) **Active Duty** or **National Guard/Reserves on active duty**

Reason for Discharge: _____

Character of Service: (Circle One) **Honorable** **Other** _____

If "Other," explain: _____

Country served: _____ Branch: _____

Name of Supervisor or Commander: _____ Telephone number _____

Last Command / Duty Station / Base / Unit _____ Telephone number _____

Address of Duty Station / Base / Unit _____ City _____ State _____ Zip code _____

Your Grade or Rank at discharge: _____ Job location (If different than address listed above): _____

SECTION IV—EDUCATION IN LIEU OF EMPLOYMENT

(NOTE: You may be required to provide a copy of your official educational institution transcript.)

Were you enrolled, with education as your primary activity, in an educational institution in lieu of employment since you last held UA/UAA? Yes No

If **Yes**, complete this section for each enrollment. Add continuation pages as needed.

Attended: _____ From: ___ / ___ / ___ To: ___ / ___ / ___
Name of educational institution

Address of educational institution _____ City _____ State _____ Zip code _____

Degree _____ Major / Field of study _____

Were you the subject of any disciplinary action at this education institution? Yes No

If **Yes**, provide details: _____

Did you graduate? **Yes No**

If **No**, provide reason for leaving: _____

ENERGY NORTHWEST AUTHORIZATION
PERSONAL HISTORY QUESTIONNAIRE (PHQ) AND SELF-DISCLOSURE

SECTION V—ACKNOWLEDGMENT STATEMENT

I have read, understand and acknowledge the purpose of this personal history statement (PHQ) and that I have furnished the requested information under the stated conditions. I have read and understand the above information concerning NRC required fingerprints and criminal history record.

The information that I have provided in this PHQ is correct and complete to the best of my knowledge and belief. I make this statement with knowledge that any false or misleading statement or omission of any fact may be sufficient cause for denial of UAA/UA. I understand that the information I have provided in this form will be verified by authorized background investigators and will be used only for access authorization purposes.

I understand that if I am certified UAA or granted UA, it is my responsibility, under the Behavioral Observation Program (BOP), to report any legal action on the next scheduled work day. I must also report any legal actions from the time I complete this PHQ until I am certified UAA or granted UA. An evaluation will be made regarding the impact of the legal action on my unescorted access authorization. The determination of what constitutes a legal action is a matter of state law but, in general, the term legal action means:

A formal action taken by a law enforcement authority or court of law, including being held, detained, taken into custody, charged, arrested, indicted, fined, forfeited bond, cited, or convicted for a violation of any law, regulation or ordinance this includes felony, misdemeanor, serious traffic offenses, serious civil charges or military charges but does not include minor traffic violation such as moving violation when the individual was not physically taken into custody, and includes: (1) the use, sale or possession of illegal drugs; (2) the abuse of legal drugs or alcohol; or the refusal to take a drug or alcohol test.

I have been advised of my right to request to review the information developed to assure its accuracy and completeness. I understand that the information collected during the conduct of the background investigation will be retained and must be made available to any other nuclear power plant where I may request access. It will only be used in determining my eligibility to be certified UAA or granted UA. This information will be retained for a period of time after the last termination of my UAA/UA.

I have the following additional comments concerning this statement:

The information I have provided on this PHQ is accurate and correct.

Applicant's Printed Full Name

Social Security No.

Applicant's Signature

Date

END OF PERSONAL HISTORY QUESTIONNAIRE