

COMMANDER'S CRITERIA TO CARRY QUESTIONNAIRE

(For use of this form see USAREC Reg 380-4)

PRIVACY ACT STATEMENT

AUTHORITY: Collection of this information is authorized by 5 USC, section 552A.

PRINCIPAL PURPOSE: Information collected will be used to assist in the approval/disapproval for the Criteria to Carry process.

ROUTINE USES: Blanket routine use disclosures as described in AR 340-21, paragraph 3-2.

DISCLOSURE: Voluntary; however, failure to provide the information may result in delayed processing or denial of request.

1. NAME:

2. RSID:

3. DATE:

INSTRUCTIONS: Answer yes or no to each of the questions below. Yes answers must be fully explained; include the month and year the event occurred. You must cover who, what, when, where, and why the event happened. (Completed by Supervisor)

SECTION I - MANDATORY REQUIREMENTS

- 1. Mentally Alert? Yes No
- 2. Mentally and emotionally Stable? Yes No
- 3. Trustworthy? Yes No
- 4. Physically Capable? Yes No
- 5. Free of unstable medical conditions? Yes No
- 6. Have current/security clearance? Yes No
- 7. Comply with training requirement? Yes No
- 8. No drug/substance/alcohol abuse or dependence? Yes No

SECTION II-OTHER AREA'S CONSIDERED (CONSIDERATIONS)

INSTRUCTIONS: Answer "Yes" or "No" to each of the questions below. All "Yes" answers must be full explained in the remarks section at the end of the form. Please include the month and year the event occurred and cover the who,what, when, where, and why the event happened.

- 1. Drug/substance abuse within the last 5 years? Yes No
- 2. Inappropriate attitude, conduct of behavior? Yes No
- 3. Negligence or delinquency in performance of duty? Yes No
- 4. Poor attitude or lack of motivation? Yes No
- 5. Aggressive/threatening behavior? Yes No
- 6. Commission of any act of sabotage, espionage, treason, terrorism, anarchy, sedition, or attempts/ threats? Yes No
- 7. Establishing or continuing a sympathetic association with a saboteur, spy, traitor, seditionist, anarchist, terrorist, revolutionist, or with any other secret agent? Yes No
- 8. Knowing membership with intent to further the aims of any group that advocates or uses violence to restrict others' exercise of their constitutional rights or to overthrow the government? Yes No
- 9. Unauthorized disclosure of classified information? Yes No
- 10. Other criminal or dishonest conduct? Yes No
- 11. Attempting to conceal potentially disqualifying information? Yes No

SECTION II (Cont)-OTHER AREA'S TO BE CONSIDERED (CONSIDERATIONS)

12. Is the Soldier pending any UCMJ or adverse administration action? Yes No
13. Is the Soldier under investigation by law enforcement or a government agency? Yes No
14. Does the Soldier have any Serious Incident Reports (see USAREC 190-4) that would preclude him from participating in the Arming Program? Yes No
15. Has the Soldier ever been convicted of violating the Lautenberg Amendment (Domestic Violence/Issuance of a firearm?) Yes No
16. Has the chain of command conducted a Medical Records Review to determine if the Soldier has any medical conditions that would prohibit performing Armed Security duties. Yes No
17. Does the Soldier being screened have any additional information that may result in non-selection for the Arming Program? (Ensure the Soldier is afforded an opportunity to provide input to this question) Yes No

SECTION III - EXPLANATION OF ALL "YES" ANSWERS (Completed by Supervisor)

SECTION IV - SUPERVISOR CERTIFICATION

I certify that the answers above are true and accurate to the best of my knowledge. They are based on information known to me and I have exercised due diligence in reviewing the available records of the Soldier to assist me in making the above determinations.

a. NAME:

b. SIGNATURE:

SECTION V - RECRUITER REMARKS

1. Recruiter elects to agree? Yes No
2. Recruiter elects to disagree and submit additional matters within a 7 day period? Yes No
3. Recruiter elects to disagree and elects not to submit additional matters? Yes No

Additional Remarks:

a. RECRUITER NAME:

b. RECRUITER SIGNATURE:

I have reviewed the "Yes" answers on this form and find the applicant (check the applicable box) Qualified Not Qualified to continue to process for the Criteria to Carry Program.

a. BATTALION COMMANDER NAME:

b. SIGNATURE:

c. DATE: