

## CONTRACTOR'S COURT SECURITY OFFICER STAFFING NOTIFICATION

DATE SUBMITTED:	MONTH	DATE	YEAR
EFFECTIVE DATE OF THIS ACTION:	MONTH	DATE	YEAR
CONTRACTOR'S NAME			
CONTRACTOR'S ADDRESS	STREET ADDRESS		
	CITY	STATE	ZIP CODE
INDIVIDUAL'S NAME: <small>[When applicable, start with information on the individual who will no longer be performing for your company.]</small>	LAST	FIRST	MIDDLE
SOCIAL SECURITY NUMBER			
BACKGROUND	<input type="checkbox"/> Incumbent <small>Official Performance Date</small> MM DD YY		<input type="checkbox"/> New Applicant
CURRENT/TARGET POSITION	<input type="checkbox"/> COURT SECURITY OFFICER (CSO)		<input type="checkbox"/> LEAD COURT SECURITY OFFICER (LCSO)
CURRENT OR PROPOSED STATUS	PERMANENT STATUS <input type="checkbox"/> FULL-TIME <input type="checkbox"/> SHARED		TEMPORARY STATUS <small>[Relative to Military Reasons Only]</small> <input type="checkbox"/> FULL-TIME <input type="checkbox"/> SHARED
CURRENT OR PROPOSED DISTRICT ASSIGNMENT	DISTRICT'S NAME		DISTRICT NUMBER
ADDRESS OF FACILITY ASSIGNMENT	STREET ADDRESS		
	CITY	STATE	ZIP CODE
TYPE OF NOTIFICATION	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Notification of Status Change  <input type="checkbox"/> From permanent part-time to full-time  <input type="checkbox"/> From permanent full-time to part-time  <input type="checkbox"/> From temporary to permanent status  <input type="checkbox"/> Transfer Notification: <small>[Provide the address of each facility location below.]</small>                      From: _____ To: _____                      _____                 </div> <div style="width: 45%;"> <input type="checkbox"/> Notification of Change  <input type="checkbox"/> From CSO to Site Supervisor  <input type="checkbox"/> Notification of Resignation                      _____  <small>[Insert Date individual resigned.]</small>  <input type="checkbox"/> Notification of Termination                      _____  <small>[Date the individual was terminated by the company.]</small>  <input type="checkbox"/> Government Performance Restriction                      _____  <small>[Insert Date of Notice]</small>  <input type="checkbox"/> Notification of Military Duty <small>[Attach copy of orders]</small>                      From: _____                      To: _____  <input type="checkbox"/> Incumbent disqualified due to:  <input type="checkbox"/> Failure of Medical Standards  <input type="checkbox"/> Background Findings  <input type="checkbox"/> Failure of Weapon Test  <input type="checkbox"/> Response to a new contract position.  <input type="checkbox"/> Notification of Death <small>[Insert date below.]</small>                      _____                 </div> </div>		

THIS ACTION IS NOT A NEW CONTRACT POSITION, WILL THE ACTION RESULT IN A VACANCY OF AN EXISTING POSITION?  Yes  No

IF YES, WHAT TYPE OF VACANT POSITION WILL RESULT FROM THIS ACTION?

PERMANENT FULL-TIME  PERMANENT SHARED  TEMPORARY FULL-TIME  TEMPORARY SHARED

WILL AN INCUMBENT FILL THE VACANT POSITION?  Yes \*  No

[If yes, provide the incumbent's information in Section A below and indicate the date the new CSO Package is due to JPS/PSSB as a result of the vacant incumbent's position.]

THE NEW CSO PACKAGE TO REPLACE INCUMBENT'S VACANT POSITION IS DUE 14 DAYS AFTER THE VACANCY OCCURRED AND WILL BE SUBMITTED TO THE USMS BY THE DATE INDICATED BELOW.

MM DD YY

WILL A NEW APPLICANT FILL THE VACANT POSITION?  Yes  No

[If yes, indicate the date the new CSO package is due to JPS/PSSB. Complete Section B and submit this form in its entirety with the new CSO package.]

THE NEW CSO PACKAGE TO REPLACE THE VACANT POSITION IS DUE 14 DAYS AFTER THE VACANCY OCCURRED AND WILL BE SUBMITTED TO THE USMS BY THE DATE INDICATED BELOW.

MM DD YY

\*\*ALL TRANSFERS MUST BE MADE WITHIN THE FIRST 72 HOURS AFTER THE VACANCY OCCURS. THEREAFTER, A NEW CSO PACKAGE IS REQUIRED.

**SECTION A**

INCUMBENT'S NAME:	LAST	FIRST	MIDDLE
INCUMBENT'S SOCIAL SECURITY NUMBER			
CURRENT DISTRICT ASSIGNMENT	DISTRICT'S NAME	DISTRICT NUMBER	
ADDRESS OF FACILITY ASSIGNMENT	STREET ADDRESS		
	CITY	STATE	ZIP CODE
FORMER STATUS	PERMANENT STATUS		TEMPORARY STATUS (Relative to Military Reasons Only)
	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> SHARED	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> SHARED
NEW STATUS	PERMANENT STATUS		<input type="checkbox"/> NO CHANGE
	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> SHARED	
POSITION CHANGE	FORMER POSITION		NEW POSITION
	<input type="checkbox"/> CSO	<input type="checkbox"/> LCSO	<input type="checkbox"/> CSO <input type="checkbox"/> LCSO

**SECTION B** THE VACANT POSITION WHICH IS AN EXISTING POSITION UNDER THE USMS CONTRACT, WILL BE FILLED BY THE FOLLOWING NEW APPLICANT:

APPLICANT'S NAME:	LAST	FIRST	MIDDLE
APPLICANT'S SOCIAL SECURITY NUMBER			
LOCATION OF POSITION	DISTRICT'S NAME	DISTRICT NUMBER	
ADDRESS OF FACILITY ASSIGNMENT	STREET ADDRESS		
	CITY	STATE	ZIP CODE

THIS FORM WAS PREPARED BY:	PRINT NAME AND TITLE	SIGNATURE	MM	DD	YY
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REPLACEMENT / START-UP COST IS THE CONTRACTOR'S RESPONSIBILITY.

REPLACEMENT / START-UP COST IS THE GOVERNMENT'S RESPONSIBILITY. THE FORMER CSO:

- HAD BEEN EMPLOYED BY THE CURRENT CONTRACTOR AS A CSO CONTINUOUSLY FOR A MINIMUM OF 18 MONTHS UNDER THE CONTRACT.
- WAS DISQUALIFIED AS A RESULT OF FINDINGS THAT ONLY COULD HAVE BEEN DISCOVERED DURING THE GOVERNMENT'S BACKGROUND INVESTIGATION
- DIED

THIS NOTIFICATION WAS REVIEWED AND FINALIZED BY: \_\_\_\_\_ NAME AND TITLE \_\_\_\_\_ DATE \_\_\_\_\_

## ACKNOWLEDGEMENT OF CONDITIONS OF COURT SECURITY OFFICER ELIGIBILITY

I, \_\_\_\_\_, understand that my (potential) employer \_\_\_\_\_ (*Insert the name of the company.*), is under contract with the United States Marshals Service (USMS) to provide security services. I also understand \_\_\_\_\_ (*Insert the name of the company*) has, or will hire me to work on their behalf, as a Court Security Officer (CSO), for the purposes of fulfilling its contract responsibilities with the USMS. I understand that I must not at any time, represent myself as an employee of the USMS.

I acknowledge and understand that my eligibility to perform services under the contract will be determined by the USMS based upon meeting all CSO contract qualifications standards. These qualifications include successful completion of an initial and yearly medical examination; weapon qualification test; a background investigation; and, other CSO qualification standards noted in the contract.

I acknowledge and understand my suitability and eligibility to perform as a CSO under the contract will be an annual requirement, or as deemed necessary by the Government. I acknowledge and agree that if I fail, at anytime, to meet any of the CSO qualification standards, I will be prohibited from performing services under the USMS contract.

I fully understand and accept that if I am granted an "interim approval" to begin performing CSO services under the contract and subsequently fail to pass the medical standards, the weapons qualification standards or the background investigation, this approval will be revoked.

Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**INSTRUCTIONS TO THE CONTRACTOR:** Retain a copy of this form for your records and forward the original to the United States Marshals Service, Judicial Security Division, Judicial Protective Services, Attention: Personnel Support Services Branch, Washington, DC 20530-1000.



*If a Naturalization Citizen, provide the following information.*

Naturalization Number: \_\_\_\_\_

Date and Place Issued \_\_\_\_\_

**8. DID YOU GRADUATE FROM HIGH SCHOOL?** *If you have a GED high school equivalency, answer yes.*

- YES (If "YES," give month and year graduated.) \_\_\_\_\_  
(MM/DD/YYYY)
- NO

**WRITE THE NAME AND LOCATION (City and State) OF THE LAST HIGH SCHOOL YOU ATTENDED OR WHERE YOU OBTAINED YOUR GED HIGH SCHOOL EQUIVALENCY.**

**9. CAN YOU READ, WRITE, AND SPEAK THE ENGLISH LANGUAGE?**  YES  NO

**10. DO YOU HAVE A CURRENT DRIVER'S LICENSE? IF YES, FROM WHAT STATE?**

- YES  NO STATE \_\_\_\_\_

**IF YES, HAVE YOU MAINTAINED A SAFE DRIVING RECORD FOR THE PAST 5 YEARS? IF "NO," PLEASE PROVIDE AN EXPLANATION BELOW.)**

**IF NO, CAN YOU OBTAIN A VALID STATE DRIVER'S LICENSE? (IF NO, EXPLAIN WHY.)**  YES  NO

**11. HAVE YOU AT LEAST 3 CALENDAR YEARS OF VERIFIABLE EXPERIENCE AS A CERTIFIED LAW ENFORCEMENT OFFICER OR ITS MILITARY EQUIVALENCY AND YOUR APPOINTMENT AS A LAW ENFORCEMENT OFFICER INCLUDED GENERAL ARREST AUTHORITY?** *(Note: Experience does not have to be consecutive.)*  YES  NO

**12. DID YOU COMPLETE OR GRADUATE FROM A CERTIFIED FEDERAL, STATE, COUNTY, LOCAL OR MILITARY LAW ENFORCEMENT TRAINING ACADEMY OR PROGRAM THAT PROVIDED INSTRUCTION ON THE USE OF POLICE POWERS IN AN ARMED CAPACITY WHILE DEALING WITH THE PUBLIC?**  YES  NO



**13. EMPLOYMENT HISTORY** *(Describe your current and/or most recent job(s) that you've held during the past 5 years. List your most recent employment history first.)*

A. NAME OF EMPLOYER

DATES EMPLOYED (MM/YYYY)

\_\_\_\_\_

FROM \_\_\_\_\_

EMPLOYER'S ADDRESS

TO \_\_\_\_\_

Street Address

EXACT TITLE OF YOUR POSITION

City

State

Zip Code

IMMEDIATE SUPERVISOR'S NAME

IMMEDIATE SUPERVISOR'S TELEPHONE NO.

DESCRIPTION OF WORK *(Describe your specific duties, responsibilities, and accomplishments in this job.)*

REASON FOR LEAVING

**TO BE COMPLETED BY THE CONTRACTOR ONLY**

1. Was the applicant's employment history with this agency or department verified?  YES  NO
2. Who verified the applicant's employment history on behalf of the agency or department?
- Immediate Supervisor  Personnel Office  Other *(Provide their name and the title below.)*

3. Did you discuss the applicant's character, qualifications, and work record?  YES  NO

4. If possible, would the agency rehire the applicant?  YES  NO

ADDITIONAL COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. NAME OF EMPLOYER

DATES EMPLOYED (MM/YYYY)

\_\_\_\_\_

FROM \_\_\_\_\_

EMPLOYER'S ADDRESS

TO \_\_\_\_\_

Street Address \_\_\_\_\_

EXACT TITLE OF YOUR POSITION

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

IMMEDIATE SUPERVISOR'S NAME

IMMEDIATE SUPERVISOR'S TELEPHONE NO.

DESCRIPTION OF WORK *(Describe your specific duties, responsibilities, and accomplishments in this job.)*

REASON FOR LEAVING

**TO BE COMPLETED BY THE CONTRACTOR ONLY**

1. Was the applicant's employment history with this agency or department verified?  YES  NO

2. Who verified the applicant's employment history on behalf of the agency or department?

Immediate Supervisor  Personnel Office  Other *(Provide their name and the title below.)*

3. Did you discuss the applicant's character, qualifications, and work record?  YES  NO

4. If possible, would the agency rehire the applicant?  YES  NO *(If no, explain below)*

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. ACQUAINTANCES (List 3 acquaintances that are not related to you and are not the supervisors you listed in the Employment History section above.)

**A. FULL NAME OF ACQUAINTANCE**

TELEPHONE NUMBERS

\_\_\_\_\_

HOME (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PRESENT ADDRESS

WORK (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Street Address

HOW LONG HAVE YOU KNOWN THIS PERSON?

City State Zip Code

\_\_\_\_ YEARS \_\_\_\_\_ MONTHS

CONTRACTOR'S COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

**B. FULL NAME OF ACQUAINTANCE**

TELEPHONE NUMBERS

\_\_\_\_\_

HOME (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PRESENT ADDRESS

WORK (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Street Address

HOW LONG HAVE YOU KNOWN THIS PERSON?

City State Zip Code

\_\_\_\_ YEARS \_\_\_\_\_ MONTHS

CONTRACTOR'S COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

**C. FULL NAME OF ACQUAINTANCE**

TELEPHONE NUMBERS

\_\_\_\_\_

HOME (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PRESENT ADDRESS

WORK (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Street Address

HOW LONG HAVE YOU KNOWN THIS PERSON?

City State Zip Code

\_\_\_\_ YEARS \_\_\_\_\_ MONTHS

CONTRACTOR'S COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

15. NEIGHBORS (Going back 3 years, please provide the name, address, of 3 acquaintances that are not related to you and are not the supervisors you listed in the Employment History section above.)

**A. NEIGHBOR'S NAME**

TELEPHONE NUMBERS

\_\_\_\_\_

HOME ( ) - \_\_\_\_\_

ADDRESS

WORK ( ) - \_\_\_\_\_

Street Address

HOW LONG HAVE YOU KNOWN THIS PERSON?

City State Zip Code

\_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

**B. NEIGHBOR'S NAME**

TELEPHONE NUMBERS

\_\_\_\_\_

HOME ( ) - \_\_\_\_\_

ADDRESS

WORK ( ) - \_\_\_\_\_

Street Address

HOW LONG HAVE YOU KNOWN THIS PERSON?

City State Zip Code

\_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

**C. NEIGHBOR'S NAME**

TELEPHONE NUMBERS

\_\_\_\_\_

HOME ( ) - \_\_\_\_\_

ADDRESS

WORK ( ) - \_\_\_\_\_

Street Address

HOW LONG HAVE YOU KNOWN THIS PERSON?

City State Zip Code

\_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

16. HAVE YOU EVER BEEN ARRESTED, DETAINED, OR CITED BY ANY LAW ENFORCEMENT AGENCY (FEDERAL, STATE, LOCAL OR MUNICIPAL)? (Please provide an answer even if the citation was dropped, dismissed or you were found not guilty.)
17. HAVE YOU EVERY BEEN CONVICTED OF A FELONY, MISDEMEANOR, PETTY OFFENSE, INCLUDING BUT NOT LIMITED TO FIREARMS AND EXPLOSIVE VIOLATIONS, DOMESTIC VIOLENCE, SERIOUS TRAFFIC OFFENSES?  YES  NO
18. ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF LAW?  YES  NO
19. HAVE YOU EVER BEEN CONVICTED BY A MILITARY COURT-MARTIAL?  YES  NO
20. ARE YOU DELINQUENT ON ANY FEDERAL DEBT? (Include delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government plus defaults on Federally guaranteed or insured loans such as student and home mortgage loans.)  YES  NO
21. IF YOU ANSWERED "YES" TO ITEMS 16 THROUGH 20, EXPLAIN EACH VIOLATION OR THE SITUATION BELOW. GIVE PLACE OF OCCURRENCE AND NAME/ADDRESS OF POLICE OR COURT INVOLVED.

Item No.	Date (Mo./Yr.)	Explanation	Mailing Address			
			Name of Employer, Police, Court, or Federal Agency	City	State	Zip Code
			Name of Employer, Police, Court, or Federal Agency	City	State	Zip Code
			Name of Employer, Police, Court, or Federal Agency	City	State	Zip Code

**22. APPLICANT'S SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION**

I have completed this statement with the knowledge and understanding that any or all items contained herein may be subject to investigation and I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies, and other authorized employees of my potential employer, who is under contract with the Federal Government (United States Marshals Services) for that purpose.

**CERTIFICATION:** I certify that all of the statements made by me are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YY)

**23. CONTRACTOR'S SIGNATURE AND CERTIFICATION STATEMENT**

I hereby certify that I have been authorized by my employer, \_\_\_\_\_ to conduct a complete and thorough preliminary background investigation on the subject applicant, whom my employer is seeking to hire. I also certify that the findings resulting from the preliminary background investigation have been stated in a true, complete, and accurate manner.

\_\_\_\_\_  
SIGNATURE OF CONTRACTOR'S REPRESENTATIVE

\_\_\_\_\_  
DATE (MM/DD/YY)

**CERTIFICATION OF COURT SECURITY OFFICER  
PERFORMANCE STANDARDS**

I, \_\_\_\_\_ (*Name of Certifier*),

hereby certify that I have read, understand, and received a copy of the Court Security Officer Performance Standards outlined in the current contract between the United States Marshals Service and my employer, \_\_\_\_\_  
(*Contractor's Name*). I also understand that any violations of the performance standards could result in temporary or permanent removal from performing under any United States Marshals Service's court security contract.

\_\_\_\_\_  
*CSO's Signature*

\_\_\_\_\_  
*Witness' Signature*  
(*Contractor's Supervisory Representative*)

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

**INSTRUCTIONS TO THE CONTRACTOR: Retain a copy of this form for your records and forward the original to the United States Marshals Service, Judicial Security, Division, Judicial Protective Services, Attention: Personnel Support Services Team, Washington, DC 20530-1000.**

**CERTIFICATE OF COMPLIANCE**

**THE LAUTENBURG AMENDMENT, TITLE 18, SECTION 922(G)(9)  
OF THE UNITED STATES CODE**

I, \_\_\_\_\_ (*Name of Certifier*),

hereby certify that I have been informed and understand that my position as a Court Security Officer is subject to the Lautenburg Amendment, Title 18, Section 922(g)(9) of the United States Code.

I certify that I have not been convicted in any court of a misdemeanor crime relative to domestic violence.

I also understand and accept that if I violate the Lautenburg Amendment, Title 18, Section 922(g)(9) of the United States Code, my eligibility to perform as a Court Security Officer under any United States Marshals Service's court security contract will be revoked.

\_\_\_\_\_  
*CSO's Signature*

\_\_\_\_\_  
*Witness' Signature*  
*(Contractor's Supervisory Representative)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

**INSTRUCTIONS TO THE CONTRACTOR: Retain a copy of this form for your records and forward the original to the United States Marshals Service, Judicial Security Division, Judicial Protective Services, Attention: Personnel Support Services Branch, Washington, DC 20530-1000.**

**IN-DISTRICT (PHASE I) ORIENTATION CERTIFICATION**

I, \_\_\_\_\_ (*Name of Certifier*),  
hereby certify that I have completed the In-District Orientation (Phase I) at the United  
States Marshals Service's District of \_\_\_\_\_ office, on  
\_\_\_\_\_ (*Insert applicable orientation date*).

\_\_\_\_\_  
*CSO's Signature*

\_\_\_\_\_  
*Witness' Signature*  
*(Contractor's Supervisory Representative)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

**INSTRUCTIONS TO THE CONTRACTOR:** Retain a copy of this form for your records and forward a copy of the form to the COTR. Mail the original form to the United States Marshals Service, Judicial Security Division, Judicial Protective Services, Attention: Personnel Support Services Branch, Washington, DC 20530-10000.

## NOTIFICATION OF A COURT SECURITY OFFICER'S OFFICIAL PERFORMANCE DATE

DATE	MONTH	DATE	YEAR	
CONTRACTOR'S INFORMATION	NAME			
	STREET ADDRESS			
	CITY	STATE	ZIP CODE	
	TELEPHONE NO.			
CSO'S NAME	LAST NAME	FIRST NAME	MIDDLE NAME	
SOCIAL SECURITY NO.				
DISTRICT ASSIGNMENT	DISTRICT NO.			
FACILITY LOCATION	STREET ADDRESS			
	CITY	STATE	ZIP CODE	
CSO'S COMPLETION STATUS <i>(Check the applicable box.)</i>	PERMANENT STATUS		TEMPORARY STATUS (MILITARY)	
	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> SHARED	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> SHARED
SUITABILITY DETERMINATION DATE	MONTH	DATE	YEAR	
INITIAL WEAPON QUALIFICATION DATE	MONTH	DATE	YEAR	
IN-DISTRICT ORIENTATION DATE	MONTH	DATE	YEAR	
OFFICIAL PERFORMANCE DATE	MONTH	DATE	YEAR	
<b>CERTIFICATION:</b> I hereby certify that the above information is true and accurate.		<b>CERTIFICATION:</b> I hereby certify that the individual stated above has fulfilled the In-District Orientation and the weapons proficiency test requirements.		
_____ Court Security Officer's Signature		_____ Contractor's Supervisory Representative Name (Print)		
_____ Date		_____ Contractor's Supervisory Representative Signature		
		_____ Date		

**INSTRUCTIONS TO THE CONTRACTOR:** Retain a copy of this form for your records and forward the original to the United States Marshals Service, Judicial Security Division, Judicial Protective Services, Attention: Personnel Support Services Branch, Washington, DC 20530-1000, within 5 business days after the individual's official performance date.



# Certificate of Medical Examination for Court Security Officers

**NOTE:** *(Applies to individuals hired on or after January 1, 2001.  
Effective October 1, 2001, applies to all individuals accepting  
employment under new contract awards and supercedes Form USM-229A.)*

Return within two weeks of examination date to:

U.S. Marshals Service  
Judicial Protective Services Program  
600 Army Navy Drive -- CS-3, Suite 600  
Arlington, VA 22202-4210

Please be sure that both sides of each page are complete.  
After signing, return entire form along with lab, EKG,  
and other screening forms.

**Purpose of Examination:**

- New Applicant Exam  
 Annual Medical Exam

Name: \_\_\_\_\_

District: \_\_\_\_\_

(Privacy Act Protected)

Form USM-229  
(Est. 07/00)  
Rev. 03/01

## INSTRUCTIONS

### **PART I—COURT SECURITY OFFICER MEDICAL RELEASE FORM**

This part is reserved for the examinee and physician. The examinee must complete this section in its entirety and sign the form. The physician or an employee of the physician's office must sign as a witness.

### **PART II—COURT SECURITY OFFICER IDENTIFICATION**

This part is reserved for the examinee. Please complete this section in its entirety.

### **PART III—REPORT OF MEDICAL HISTORY**

This part is reserved for the examinee. All questions in this part must be answered. Failure to complete information requested may delay the United States Marshals Service from qualifying you as a Court Security Officer in a timely manner and could disqualify you to perform as a Court Security Officer. You must also sign and date, in ink, on the signature area provided on page four of the form.

### **PART IV—MEDICAL HISTORY VERIFICATION**

This part is reserved for the examining physician. The examining physician is required to interview the examinee and verify that the examinee's information provided in Parts I and II are accurate and complete. All positive findings must be explained as to date and significance. Any additional pertinent medical history information developed during the interview may also be recorded in this section.

### **PART V—CSO PHYSICAL REQUIREMENTS**

This part is provided to familiarize the examining physician with the physical challenges that the examinee may face while working in court security officer capacity. All examining physicians are required to review this part prior to performing the examination on the examinee.

### **PART VI—MEDICAL EXAMINATION DATA**

This part is reserved for the examining physician. Please perform the examination and give a detailed description of your findings in this area.

### **PART VII—EXAMINATION SUMMARY**

This part is reserved for the examining physician. Please complete and explain fully any significant findings or limitations and type of followup recommended. Your summary should also include significant lab test findings. **NO MEDICAL QUALIFICATION STATEMENT IS TO BE MADE.**

NAME (Last, First, Middle) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

**START HERE SECURITY OFFICER MEDICAL RELEASE FORM**

## U.S. Marshals Service Medical Record Release Form

NAME OF INDIVIDUAL (Last, First, Middle Initial) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP Code \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO \_\_\_\_\_

I, \_\_\_\_\_, authorize my employer and an examining physician \_\_\_\_\_ to release my medical examination records to the United States Marshals Service (USMS) for employment consideration as a Court Security Officer, with the stipulation that the released information be kept confidential and used solely for the purposes of determining my medical qualification. In addition, I hereby grant the USMS permission to release my medical records to the designated USMS Medical Officer for further review.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

Form USM-229  
(En 0700)  
Rev. 03/01

PRINT IN INK OR TYPEWRITE

**PART I - COURT SECURITY OFFICER IDENTIFICATION**

NAME (Last, First, Middle) (Type or print) \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ SEX  Male  Female  
 DATE OF BIRTH \_\_\_\_\_  
 DISTRICT ADDRESS \_\_\_\_\_ AREA CODE & TELEPHONE \_\_\_\_\_ DATE OF EXAMINATION \_\_\_\_\_  
 HOME ADDRESS (Number, Street or RFD, City or town, state, and ZIP CODE) \_\_\_\_\_  
 NUMBER OF YEARS SERVING AS A COURT SECURITY OFFICER \_\_\_\_\_

**PART II - MEDICAL HISTORY (To be completed by Contract Employees)**

• STATEMENT OF MEDICATIONS CURRENTLY USED (Indicate I/O if none):

Name of Medication	Dosage	Taken Since

• DO YOU HAVE ANY MEDICAL DISORDER OR PHYSICAL IMPAIRMENT WHICH WOULD INTERFERE IN ANY WAY WITH THE FULL PERFORMANCE OF THE DUTIES SHOWN IN PART V?  YES  NO

If your answer is "YES, explain: \_\_\_\_\_

• HAVE YOU EVER (Please check at left of each item)

- |                          |                          |   |
|--------------------------|--------------------------|---|
| YES                      | NO                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Lived with anyone who had tuberculosis            |
| <input type="checkbox"/> | <input type="checkbox"/> | Coughed up blood                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Bled excessively after injury or tooth extraction |
| <input type="checkbox"/> | <input type="checkbox"/> | Attempted suicide                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Been a sleepwalker                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Had eye surgery (RK, PRK, LASIK or other)         |

• ARE YOU (Check one)  Right handed  Left handed

• DO YOU (Please check at left of each item)

- |                          |                          |  |
|--------------------------|--------------------------|--|
| YES                      | NO                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Wear glasses or contact lenses                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Have vision in only one eye                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Wear a hearing aid   |
| <input type="checkbox"/> | <input type="checkbox"/> | Stutter or stammer habitually                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Wear a brace or back support                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Have a family history of heart attacks before the age of 55? |

Who: \_\_\_\_\_

Problem: \_\_\_\_\_

Age at Onset or Death: \_\_\_\_\_



NAME (Last, First, Middle) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART III-Cont'd**

Check each item YES or NO. Every item checked YES must be fully explained in blank space on right.

	YES	NO	EXPLANATION:
Have you been refused employment or been unable to hold a job or stay in school because of:			
A. Sensitivity to chemicals, dust, sunlight, etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____
B. Inability to perform certain motions	<input type="checkbox"/>	<input type="checkbox"/>	_____
C. Inability to assume certain positions	<input type="checkbox"/>	<input type="checkbox"/>	_____
D. Other medical reasons (if yes, give reasons)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever been treated for a mental condition or learning disability? (if yes, specify when, where, and give details)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever received psychiatric counseling? (if yes, specify when, where, and give details)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever been denied life insurance? (if yes, state reason and give details)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you had, or have you been advised to have, any operations? (if yes, describe and give age at which occurred)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever been a patient in any type of hospital? (if yes, specify when, where, why, name of doctor and complete address of hospital)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever had any illness or injury other than those already noted? (if yes, specify when, where, and give details)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (if yes, give complete address of doctor, hospital, clinic, and details)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever been rejected for military service because of physical, mental, or other reasons? (if yes, give date and reason for rejection)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever been discharged from military service because of physical, mental, or other reasons? (if yes, give date, reason, and type of discharge: whether honorable, other than honorable for unfitness or unsuitability)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (if yes, specify what kind, granted by whom, what amount, when, and why)	<input type="checkbox"/>	<input type="checkbox"/>	_____

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.

PRINT FULL NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**PART IV—MEDICAL HISTORY VERIFICATION (To be completed by Examining Physician)**

**NOTE TO THE EXAMINING PHYSICIAN:** Please review the previous section, **PART II - CSO Physical Requirement**, for completeness. All positive findings must be explained as to date and significance. You may also interview the examinee for any additional important medical history and record any significant findings below. You may develop by interview any additional important medical history and record any significant findings.

NAME: (Last, First, Middle) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART V CSO PHYSICAL REQUIREMENTS**

**NOTE TO THE EXAMINING PHYSICIAN:** The respective individual is required to complete this comprehensive physical examination to qualify as a Court Security Officer (CSO) under the United States Marshals Service's Court Security Officer Program. A brief description of what the position requires is provided below to familiarize you with the CSO occupation.

**BRIEF DESCRIPTION OF WHAT POSITION REQUIRES EMPLOYEE TO DO-**

Court Security Officers (CSOs) provide security for all United States court facilities. CSOs must be capable of providing both a deterrence to potential threats and a timely and appropriate response to actual threats. The primary functions of CSOs include physical security for federal courthouses and their perimeters, checkpoint security for courthouses and courtroom entry points, courtroom monitoring, and rapid responses to emergencies and alarms within courthouses. In addition, aggressive law enforcement functions such as making arrests are required, necessitating the restraint of non-cooperative persons. CSOs are required to have good vision and hearing and be capable of sitting, walking, and running. The work requires frequent and prolonged walking, standing, running, sitting, and stooping. The physical well being of the CSOs will assure their ability to tolerate the stress associated with this type of employment and increase physical readiness in cases of emergency. CSOs must be able to perform efficiently and safely the full range of duties of the position described above.

**FUNCTIONAL REQUIREMENTS**

- Range of motion: upper and lower extremities bilaterally
- Heavy lifting, 45 pounds and over
- Heavy carrying, 45 pounds and over
- Reaching
- Grasping
- Climbing stairs
- Running
- Operating a motor vehicle
- Ability for rapid mental and muscular coordination simultaneously
- Ability to use and desirability of using firearms
- Specific visual requirements
  - Binocular vision
  - Depth perception
  - Ability to distinguish basic colors

**ENVIRONMENTAL FACTORS**

- Outside and inside
- Excessive heat
- Excessive cold
- Excessive humidity
- Excessive dampness or chilling
- Dry atmospheric conditions
- Working around moving objects or vehicles
- Slippery or uneven walking surfaces
- Unusual fatigue factors
- Working closely with others
- Working alone
- Protracted or irregular hours of work

NAME: (Last, First, Middle) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART VI MEDICAL EXAMINATION DATA (to be completed by Examining Physician)**

**NOTE TO EXAMINING PHYSICIAN:** As you make your examination and report your findings and conclusions, please consider the job description, function requirements, environmental factors, and medical standards for the Contract Court Security Officer position. List any abnormalities under each examination.

**1. MEASUREMENTS:**

A. Height: \_\_\_\_\_ Feet \_\_\_\_\_ Inches      B. Weight: \_\_\_\_\_ Pounds

**2. VISION:**

A. Distant vision (Snellen)

1. Without glasses or contacts:      Right: 20 / \_\_\_\_\_      Left: 20 / \_\_\_\_\_      Both: 20 / \_\_\_\_\_  
2. With glasses or contacts, if worn:      Right: 20 / \_\_\_\_\_      Left: 20 / \_\_\_\_\_      Both: 20 / \_\_\_\_\_

B. Near Vision:

1. Without glasses or contacts:      Right: 20 / \_\_\_\_\_      Left: 20 / \_\_\_\_\_      Both: 20 / \_\_\_\_\_  
2. With glasses or contacts, if worn:      Right: 20 / \_\_\_\_\_      Left: 20 / \_\_\_\_\_      Both: 20 / \_\_\_\_\_

Testing was done *with / without* correction (circle one).

C. Color Vision: Testing must be performed using Ishihara (or comparable) Pseudo-Isochromatic Plates.

A minimum of 14 plates must be reported: \_\_\_\_\_ plates correct of \_\_\_\_\_ total plates.

D. Depth Perception: Results must be recorded in seconds of arc.

Type of test: \_\_\_\_\_ Score: \_\_\_\_\_ Seconds of arc: \_\_\_\_\_

**3. HEARING:**

Using an audiometer for measurement, hearing must be demonstrated in each ear at 500, 1000, 2000, 3000, and 4000 Hz in a sound controlled booth. Results must show the lowest sound intensity, numerically in decibels, at which the tone can be heard, in each ear, at each frequency.

No hearing aids are to be used during the audiometer testing. Each ear must be tested separately. Please indicate using a check mark, whether a examinee wears a hearing aid(s).

The examinee does not wear a hearing aid.

The examinee wears a hearing aid as follows:

Left Ear \_\_\_\_\_ Right Ear \_\_\_\_\_ Both Ears \_\_\_\_\_

**EXAM RESULTS:**

	500	1000	2000	3000	4000
L					
R					

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**PART VI - Cont'd**

**4. CARDIOVASCULAR SYSTEM** - Record your findings and highlight any condition which significantly interferes with heart function.

EXAM RESULTS: (Enter findings. DO NOT leave blank.)

A. Heart Auscultation:

B. Blood Pressure:

C. Resting Pulse:

D. Peripheral Pulses:

E. Resting ECG

---

**5. RESPIRATORY SYSTEM** - Record your findings and highlight any condition which significantly interferes with breathing capacity.

CHEST EXAM RESULTS: (Enter findings. DO NOT leave blank.)

---

**6. GASTROINTESTINAL SYSTEM**

ABDOMINAL EXAM RESULTS: (Enter findings. DO NOT leave blank.)

NAME: *(Last, First, Middle)* \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**SPARTAN - Cont'd**

**7. GENITOURINARY SYSTEM DISORDERS** - Record your findings and highlight any functional disorder which may render the person incapable of sustained attention to CSO related work tasks, i.e., urinary frequency, secondary discomfort, etc.

EXAM RESULTS: *(Enter findings. DO NOT leave blank.)*

\_\_\_\_\_

**8. HERNIAS** - Record your findings and highlight any hernia detection, including inguinal and femoral hernias, with or without the use of a truss.

EXAM RESULTS: *(Enter findings. DO NOT leave blank.)*

\_\_\_\_\_

**9. NERVOUS SYSTEM** - Record your findings and highlight any dysfunction of the central and peripheral nervous system, including cranial nerves, gait, and reflexes which significantly increases the probability of accidents and/or potential inability to perform a variety of physical tasks.

EXAM RESULTS: *(Enter findings. DO NOT leave blank.)*

\_\_\_\_\_

**10. ENDOCRINE SYSTEM** - Record your findings and highlight any functional disorder which may render the person incapable of sustained attention to CSO related work tasks.

EXAM RESULTS: *(Enter findings. DO NOT leave blank.)*

\_\_\_\_\_

Thyroid Exam: \_\_\_\_\_

\_\_\_\_\_

NAME (Last, First, Middle) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PARA 1 Child**

**11. SPEECH** - Record your findings, including permanent and significant conditions resulting in indistinct speech.

EXAM RESULTS: (Enter findings. DO NOT leave blank.)

**12. EXTREMITIES AND SPINE** - Record your findings of any disorders affecting the musculoskeletal system which significantly affects the individual meeting basic movement, strength, flexibility, use of extremities (fingers and toes) and coordinated balance criteria.

EXAM RESULTS: (Enter findings. DO NOT leave blank.)

Back: \_\_\_\_\_

Extremities: \_\_\_\_\_

**13. LAB TESTS & REPORTS** - Perform necessary tests on the following. Record your findings and highlight abnormal results. Please attach lab reports.

- A. Blood Chemistry
- B. Complete Blood Count

- C. Lipid Profile
- D. Urinalysis

**14. MISCELLANEOUS** - Though not specifically mentioned above, record any other disease or medical condition detected but not covered above.

EXAM RESULTS: (Enter findings in each category. DO NOT leave blank.)

A. Eyes (including fundoscopic examination): \_\_\_\_\_

B. Ears (including tympanic membrane): \_\_\_\_\_

C. Nose and throat (including teeth and oral hygiene): \_\_\_\_\_

D. Head and neck (including face, hair, and scalp): \_\_\_\_\_

E. Skin and lymph nodes: \_\_\_\_\_

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NAME: (Last, First, Middle) \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PRE-EMPLOYMENT EXAMINATION SUMMARY**

**NOTE TO EXAMINING PHYSICIAN:** Summarize below any medical findings which need further medical attention or that would limit the examinee's performance of court security officer duties or present a hazard to the examinee or others. **DO NOT MAKE A MEDICAL QUALIFICATION STATEMENT.**

FUNCTIONAL REQUIREMENTS		ENVIRONMENTAL REQUIREMENTS			
Limitations	No Limitations	Limitations	No Limitations		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heavy lifting, 45 lbs. and over	Outdoor environment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heavy carrying, 45 lbs. and over	Indoor environment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reaching above the shoulder	Excessive heat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of fingers	Excessive cold
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of both hands	Excessive humidity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of both legs	Excessive dampness or chilling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Climbing - use of legs and arms	Dry atmospheric conditions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operation of crane, truck, tractor, motor vehicle	Working around moving objects or vehicles
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability for rapid mental and muscular coordination simultaneously	Slippery or uneven walking surfaces
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to use and desirability of using firearms	Unusual fatigue factors
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to stand for unusually prolonged periods of time	Working closely with others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to sit for unusually prolonged periods of time	Working alone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to function normally with irregularly scheduled intake of food	Prolonged or irregular hours of work
					<b>AGGRESSIVE LAW ENFORCEMENT ACTIVITIES</b>

**SIGNIFICANT FINDINGS:**

EXAMINING PHYSICIAN'S NAME (Type or print)

SIGNATURE OF EXAMINING PHYSICIAN

ADDRESS (including ZIP Code)

OFFICE TELEPHONE NUMBER

FACSIMILE NUMBER

( )

( )

**IMPORTANT: After signing, return entire form along with lab, EKG, and other screening forms.**

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## Personal Qualifications Statement (Contract Guard)

READ THE BELOW INFORMATION PRIOR TO COMPLETING.

### WHAT AUTHORITY DO WE HAVE TO ASK YOU FOR THE INFORMATION REQUESTED ON THIS FORM?

The U.S. Government is authorized to ask for this information under section 301 of title 5 and section 3101 of title 44 of the U.S. Code. We ask for your Social Security number to keep our records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

*Name is used in providing Equal Employment Opportunity (EEO) statistical data (no names are ever removed associated with this data) and to ensure that this agency is complying with EEO guidelines in the hiring of minorities. You do not have to provide race information if you do not desire to do so.*

### HOW DO WE USE THIS FORM.

Review the form in its entirety prior to answering any questions. Be sure that you understand the questions and your responses prior to completion of the form.

This form will be used in processing your application. We use the information from this form primarily as the basis for an initial background investigation that will be used to determine your qualifications (to include law enforcement qualifications), suitability and eligibility for a clearance to work for the U.S. Government under contract.

Asking you for this information is in compliance with the Privacy Act of 1974. The information you give us is for Official Use Only; is protected from unauthorized disclosure. The U.S. Marshals Service may share some information with Federal and other sources to get additional information about you. We may also give some of the information to Federal, State, and local agencies checking on law violations or for other lawful purposes.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your employment or clearance prospects to work for the U.S. Government under contract.

**TYPE OR LEGIBLY PRINT YOUR ANSWERS.** We cannot accept your form if it is not legible.

**STATE CODES.** Use the State Codes (two letter abbreviations) used by the Post Office, if you cannot spell out the state. *Do not abbreviate names of cities.*

**USE 5 OR 9 - DIGIT ZIP CODES.** If you do not know a ZIP Code, a ZIP Code directory is available at all Post Offices. Please use them.

**DATES** When providing dates, use YYMMDD. For example, June 8, 1988, would be 980608 and January 1988 would be 8801.

**ADDITIONAL SHEETS.** If there is not enough room on the sheets provided, please attach additional sheets so that you can provide as complete an answer as possible. Be sure to indicate the item number corresponding to the item being carried over to the additional sheet. Place your name and social security number on the additional sheet so that it can be readily identified if it should become separated from the form.

**SIGNATURE AND DATE.** Be sure to sign the forms in black or blue-black ink.

**DO NOT DATE THE FORMS.** The processing office will date the forms when they receive them.

**ANY FORMS THAT ARE RECEIVED INCOMPLETE WILL BE RETURNED. THIS WILL DELAY THE PROCESSING OF YOUR CASE AND COULD EVEN RESULT IN YOUR NOT BEING SELECTED.**

**DOCUMENTATION.** Copies of documents that verify any significant claims or activities should be provided. For example: alien registration, naturalization certificate; originals or certified copies of college transcripts or degrees; high school diploma; professional license(s) or certificate(s); military discharge certificate(s) (DD Form 214); marriage certificate(s); divorce papers; tax returns; passport; and/or business licenses(s)

**NAME CHANGES.** If you have had a name change from that indicated on the form, you must provide a copy of the documentation of any legal name change. If the name you are currently using is not a legal name, please use your official name as indicated on your birth certificate or marriage license.

**EMPLOYMENT.** Ensure that you list any previous law enforcement related employment, including military (i.e. Military Police, Master at Arms, etc.).

#### **WHAT ARE THE PENALTIES FOR INACCURATE OR FALSE INFORMATION?**

The U.S. Criminal Code provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$ 10,000, or 5 year imprisonment, or both. In addition, Federal agencies generally fire or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of our permanent record for future use. Because the position for which you are being considered is a sensitive one, your trustworthiness is a very important consideration in deciding your suitability or eligibility for contract employment.

PERSONAL QUALIFICATIONS STATEMENT  
(CONTRACT GUARD)

Please Complete the following (Print or Type):

GENERAL INFORMATION

1. NAME \_\_\_\_\_  
*Last First Middle*

2. PREFERRED TITLE  Mr.  Mrs.  Miss  Ms.  
(Check one)

3. SOCIAL SECURITY NUMBER \_\_\_\_\_

4. OTHER NAMES USED (including nicknames, aliases, maiden name, etc.)  
\_\_\_\_\_

5. CURRENT ADDRESS  
(No. Street, and Apt. No. if applicable) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Code \_\_\_\_\_

6. CURRENT PHONE NUMBERS \_\_\_\_\_  
*Home (include Area Code) Office (include extension if applicable)*

7. PLACE OF BIRTH (City/State or Foreign Country) \_\_\_\_\_

8. DATE OF BIRTH (Month, Day, Year) \_\_\_\_\_

9. ARE YOU A CITIZEN OF THE UNITED STATES? (If no, provide the following information)  Yes  No

Country of citizenship: \_\_\_\_\_

Alien Registration Number: \_\_\_\_\_

Date & Place Issued: \_\_\_\_\_

If a Naturalized Citizen, provide the following information.

Naturalization Number: \_\_\_\_\_

Date & Place Issued: \_\_\_\_\_

10. Availability Data: a. Date (month year) you will be available to start work \_\_\_\_\_  
b. Number of hours you will be available to start work each month \_\_\_\_\_  
c. Days of the week that you can work \_\_\_\_\_  
d. Are you available to perform temporary guard duties in other cities?  Yes  No

PHYSICAL DATA

11. HEIGHT (inches) \_\_\_\_\_

SEX  Male  Female

WEIGHT (lbs.) \_\_\_\_\_

RACE \_\_\_\_\_

NOTE.- List one of the following which apply - (B) Black, (W) White, (H) Hispanic, (API) Asian Pacific Islander (i.e. Hawaiian, Samoan, etc.), (A) Asian (Philippines, China, Japan, other Asian Countries), (NA) Native American (i.e. American Indian, Alaskan Eskimo, etc.).

12. CURRENT PHYSICAL CONDITION (Check any:  Excellent  Good  Fair  Poor\*  
 (\*Note: If answer is Poor, provide detailed information in Item 34.)

	YES	NO
13. a. Do you have any physical or mental condition which might interfere with your ability to perform the work required (i.e., epilepsy, diabetes, alcoholism, drug addictions, cataracts, heart (cardiovascular) problems, psychiatric disorders, etc.?)	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you ever used any narcotic, depressant, stimulant, hallucinogen (to include LSD or PCP, or cannabis) (to include marijuana or hashish), except as prescribed by a licensed physician?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you ever been involved in the illegal purchase, possession, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis?	<input type="checkbox"/>	<input type="checkbox"/>
d. Has your use of alcoholic beverages (such as liquor, beer, wine) ever resulted in the loss of a job, arrest by police, or treatment for alcoholism?	<input type="checkbox"/>	<input type="checkbox"/>
e. Have you ever been a patient (whether or not formally committed) in any institution primarily devoted to the treatment of mental, emotional, psychological, or personality disorders?	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: If the answer to Question 13 a through e above is Yes, please provide detailed information in Item 34. Prior to award of a contract, you will be required to provide a physician's signed statement that the above condition will not interfere with your ability to perform the work required.

**EDUCATION LEVEL**

14. Indicate the highest education level completed (check one box).

Some High School     High School Diploma     Some College     College Degree or GED Equiv.

15. Major field of study at college \_\_\_\_\_ (enter N/A if no college level work performed.)

**FOREIGN LANGUAGES**

16. If you understand and can speak and/or read any language other than English, please list and indicate level of proficiency (i.e. poor, average, good, fluent)

\_\_\_\_\_

**MILITARY SERVICE**

17. List the dates, branch, and serial number for all active service (enter N/A, if none)

INCLUSIVE DATES (month/year)	BRANCH OF SERVICE	SERIAL NO.
_____	_____	_____
_____	_____	_____

18. Date of discharge (month and year) \_\_\_\_\_

19. Type of discharge (honorable, dishonorable) \_\_\_\_\_

20. Military security clearance held (if any) \_\_\_\_\_

**PERSONAL BACKGROUND DATA**

21. (NOTE: A conviction or a firing does not necessarily mean your application will not be approved. The nature of the conviction or firing and how long ago it occurred is important. Give all the facts so that a decision can be made.)

Within the last five years have you:

a. Been fired from any job for any reason  Yes  No

b. Quit after being notified that you would be fired?  Yes  No

*(If the answer to either of the above is Yes, provide the name and address of the employer, approximate dates, and reasons in each case in Item 34.)*

22. During the past ten years,

a. Have you ever been arrested, charged, cited, or held by Federal, State, or other law enforcement or juvenile authorities, regardless of whether the citation was dropped or dismissed or you were found not guilty? Include all court martial or non-judicial punishment while in military service. (You may exclude minor traffic violations for which a fine or forfeiture of \$100 or less was imposed.)  Yes  No

b. As a result of being arrested, charged, cited or held by law enforcement or juvenile authorities, have you ever been convicted, fined by or forfeited bond to a Federal, State, or other judicial authority or adjudicated a youthful offender or juvenile delinquent (regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record)?  Yes  No

c. Have you ever been detained, held in, or served time in any jail or prison, or reform or industrial school or any juvenile facility or institution under the jurisdiction of any city, state, federal, or foreign country?  Yes  No

d. Have you ever been awarded, or are you now under suspended sentence, parole or probation, or awaiting any action on charges against you?  Yes  No

e. Have you ever petitioned to be declared bankrupt?  Yes  No

23. Are you now or have you ever been a member of the Communist Party or any Communist organization (includes subscriptions to Communist newspapers and magazines)?  Yes  No

24. Are you now or have you ever been affiliated with any organization, association, movement, group, or combination of persons which advocates the overthrow of our constitutional form of government or which has adopted a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means?  Yes  No

*NOTE: If your answer to questions 22 - 24 is Yes, give details in Item 34. Show for each offense: 1) date; 2) charge; 3) place; 4) court; and 5) action taken.*

25. To the best of your knowledge, have you ever been the subject of a background investigation (by either Federal, state, local, or private industry) or been given a security clearance?  Yes  No

If your answer is Yes, provide the following information:

Agency requiring the clearance	Type of Clearance/ Investigation	Date Clearance Issued/ Investigation Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

26. Do you have a current drivers license?  
If so, for what state? \_\_\_\_\_

- |  |            |           |
|--|------------|-----------|
|  | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
27. Do you have an automobile to provide your own transportation in those instances when and/or where guard duty is to be performed and public transportation is unavailable?
28. Are you qualified and licensed to carry a firearm? (NOTE: Generally USMS contract guards will not be armed while performing their duties.)
29. List any other special qualifications or skills (i.e., chauffeur, Pilot, Paramedic, registered nurse, radio operator, etc.) you have that would enhance your qualifications as a contract guard. If licensed, please state issuing authority, license number, and date of expiration.
- 
- 
- 
- 
- 
- 
- 

**EMPLOYMENT HISTORY**

***INSTRUCTIONS** - If you are currently employed, complete Section A of the attached employment history worksheet. If your answer to items 31 and 32 is yes, or you are retired, please provide this additional work experience information in Section B of the attached employment history worksheet. Also list in Section B any other work experience in the law enforcement area which would qualify you for a contract guard position.*

30. Current work status (check one):  
 Employed Full Time     Employed Part Time     Unemployed     Retired
31. Have you ever been employed by the Federal Government?
32. Have you ever been employed by a state or local government?

33. List any special training you have received in law enforcement that would qualify you for a contract guard position:

COURSE OR TYPE OF TRAINING	SCHOOL/PLACE OF TRAINING	DATES OF TRAINING	CERTIFICATE/COURSE CREDIT RECEIVED
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----





**A. CURRENT EMPLOYMENT**

May inquiry be made of your present employer regarding your character and record of employment? (A "NO" will not affect your consideration for a guard contract)

YES NO

Name and address of employer's organization		Dates employed (month & year) From _____ To _____		Avg. No. Hrs. per week _____
		Salary or earnings Beginning \$ _____ per _____ Ending \$ _____ per _____		
Exact Title of Your Position	Name of Immediate Supervisor	Area Code	Telephone No.	No. Employees supervised
Kind of Business		If Federal Service, give series, grade or rank		
Description of work (Describe your specific duties, responsibilities and accomplishments in this job)				

**B. OTHER EMPLOYMENT** List most recent employment history first)

Name and address of employer's organization		Dates employed (month & year) From _____ To _____		Avg. No. Hrs. per week _____
		Salary or earnings Beginning \$ _____ per _____ Ending \$ _____ per _____		
Exact Title of Your Position	Name of Immediate Supervisor	Area Code	Telephone No.	No. Employees supervised
Kind of Business		If Federal Service, give series, grade or rank		
Description of work (Describe your specific duties, responsibilities and accomplishments in this job)				
Reason for leaving				

C. OTHER EMPLOYMENT <i>List most recent employment history first</i>				
Name and address of employer's organization	Dates employed <i>(month &amp; year)</i>		Avg. No. Hrs. per week	
	From _____ To _____		_____	
Salary or earnings				
Beginning \$ _____ per _____				
Ending \$ _____ per _____				
Exact Title of Your Position	Name of Immediate Supervisor	Area Code	Telephone No.	No. Employees supervised
Kind of Business		If Federal Service, give series, grade or rank		
Description of work <i>(Describe your specific duties, responsibilities and accomplishments in this job)</i>				
Reason for leaving				

\_\_\_\_\_  
Name *(Type/Print)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

U.S. Department of Justice  
United States Marshals Service



## WEAPONS QUALIFICATION AND FAMILIARIZATION RECORD/ AUTHORIZATION TO USE PERSONALLY OWNED WEAPONS

1. Employee's Name (Last, First, MI)	2. Title	3. District / Division	4. Duty Station	5. Date Course Fired (mm, dd, yy)

### Qualifications / Familiarizations

6a. Weapon Type	6b. Qualification or Familiarization	7. Make	8. Model	9. Caliber / Gauge	10. Barrel Length	11. Property of: (USMS or Personally Owned)	12. Serial Number
1. Primary Handgun	Qualification					USMS-Owned	
2. Secondary Handgun	Qualification					USMS-Owned	
3. Rifle/Carbine/SMG	Qualification					USMS-Owned	
4. Shotgun	Familiarization					USMS-Owned	
13. Ammunition Used (Brand, Caliber, Weight, Type [JHP, JSP, Etc.])				14. Optra (Y/N)	15. Score	16. Qualification Level	17. Shooter's Initials
				Yes			
				Yes	<input type="checkbox"/> <input type="checkbox"/>		
18. Tactical Familiarization Course Fired (TFC # and Title)				19. Score (if Appropriate)	20. Date TFC Fired (mm, dd, yy)		

**21. Use of Deadly Force and Firearms Policy:**  
I have read and understand the current USMS Firearms Policy and the DOJ Uniform Deadly Force Policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**22. Certification by USMS Firearms Instructor:**  
This certifies that the Courses of Fire, qualification levels, scores, weapons and ammunition used are authorized and as indicated herein, and that the employee demonstrated proficiency with each weapon.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Inspections / Authorizations

**23. Weapon Inspection:**  
The firearms described herein have been inspected by a USMS Firearms Instructor (named in Block 22) and:

Do	<input type="checkbox"/>				
Do Not	<input type="checkbox"/>				

meet USMS requirements for authorization as a duty weapon

**24. Holster Inspection:**  
The holsters and any accessory equipment used (magazine / speedloader / ammunition pouches, etc.) have also been inspected, and:

Do	<input type="checkbox"/>				
Do Not	<input type="checkbox"/>				

meet USMS requirements as to design and serviceability.

**25. Training Certification by USMS Firearms Instructor:**  
This certifies that this employee (See Block #1) has received the level of training required by USMS policy and may be authorized to use the following shoulder arm(s):

AR-15 / Colt SMG     Rem 870     M16 / UMP

Training Provider: \_\_\_\_\_ Date(s) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**26. Authorized By:**

Authorizing Official

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

**Remarks:**

Instructions for Completing Form USM-333

1. The employee's name
2. The employee's title (DE, PUSM, CUSM, etc.)
3. The employee's assigned district/division
4. The employee's assigned duty station
5. The date on which the course of fire was performed
6. A. One line is provided for each type of weapon; if an employee qualifies with more than one weapon in any one category, enter after an unused line or complete another USM-333. B. Self-explanatory
7. The name of the weapon's manufacturer
8. The manufacturer's designation for the weapon.
9. The caliber of the weapon
10. The barrel length of the weapon
11. Whether the weapon is personally owned or USMS property
12. The weapon's serial number
13. The exact load shot during the course of fire. The load must be an approved round (purchased and issued by the USMS) from the current ammunition supply letter, or a previously-approved round left in stock from prior USMS purchases.
14. If a shoulder arm is equipped with an optical sight (scope, red dot sight, holographic sight, etc.), the user must qualify with the weapon twice: once with the optical sight and once with "iron" sights
15. The score fired during the course of fire. If the employee fires more than one course of fire with the same weapon, each score should be recorded.
16. The ranking of the employee's score (dc, ex, ss, mm, dnq.) See the charts below for the exact ranking for each course of fire.
17. The employee initials the qualification record, thus indicating that the information it contains is correct
18. The number and title of the TFC fired. All operational employees must complete at least one TFC at the time of the semi-annual qualification
19. While no TFC requires that a score be taken it may be recorded here if the employee wishes.
20. The date of firing the TFC. The TFC does not need to be fired on the same day as the qualification, but they should be done relatively close together
21. Self-explanatory. CSOs and DECs should understand their limitations on authorized carry.
22. Certification by the firearms instructor.
23. Verification that the weapon was inspected and meets USMS standards for use as a duty weapon.
24. Verification that the employee's equipment (holster, pouches, etc.) meet USMS standards
25. Certification that the employee has received the required level of training for use of a specific shoulder arm. This is only to be completed at the time of the training, not at each subsequent qual.
26. Authorization for the employee to carry and use both issued and personally-owned weapons. The authorizing official may be any USMS supervisor, GS-13 or above.

USMS Qualification Rankings				
	Handgun COF	Backup Weapon COF	AR-15/M16-S COF	CSO COF
Distinguished Expert (DE)	300	150	250	250
Expert (EX)	285 to 299	141 to 149	238-249	238 to 249
Sharpshooter (SS)	255 to 284	126 to 140	213-237	213 to 237
Marksmen (MM)	210 to 254	105 to 125	N/A	175 to 212
Did Not Qualify (DNQ)	Below 210	Below 105	Below 213	Below 175



UNITED STATES MARSHALS SERVICE  
Judicial Security Division  
Judicial Protective Services

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**SUBJECT: Handgun Qualification Course of Fire for Court Security Officers (CSOs)**

This course of fire is designed for realism and no deviation of ammunition, clothing, stance, or scoring is permitted. This qualification course of fire shall be conducted in accordance with the following:

- A. Weapon: .38 caliber revolvers as issued and approved by the Judicial Security Division, Judicial Protective Services.
- B. Ammunition: Fifty rounds, 38 Special, 158 gr. lead hollow points (LHP) +P. All ammunition must be loaded from the pocket, pouch, belt loops or speed loaders, whichever is carried on duty.
- C. Firing Distance: Firing distances shall be 3, 7, and 15 yards for all CSOs.
- D. Target: The Trans Star II target will be used for handgun qualification fire for all CSOs.
- E. Clothing: Normal CSO work attire is required. The length of the CSO's jacket or coat must properly cover the weapon.
- F. Scoring: The target is marked from two to five points. Score as indicated for a maximum of 250 points.
- G. Qualification
  - 1. 175-212 .....Marksman
  - 2. 213-237 .....Sharpshooter
  - 3. 238-249 .....Expert
  - 4. 250 .....Distinguished Expert

ii. Safety.

1. Due to range safety standards, qualification will be shot with a Marshals Service approved weapon, as indicated above, and leather gear. Only an open top belt holster mounted on the shooter's strong hand side can be used.
2. Each person shall wear *OSHA* approved ear and eye protectors while actually engaged in firearms training or qualification.

Sequence Fire. All stages will be fired, double action, upon command of the Range Officer or at the turn of the target. The retention snap on the holster must be secured.

- i. Three Yard Line. On command, the weapon will be quickly drawn from the holster in a safe manner and fired, double action, from the modified weaver stance. (Eye level, strong foot to the rear in field interview position, strong hand supported by weak.)
  - a. Load with six round and have six rounds available for reloading from the pocket, pouch, loops or speed loader.
  - b. Upon the command of the Range Officer or at the turn of the target, quickly draw the weapon from the holster in a safe manner and fire two rounds to the center mass area of the target and holster the weapon. The time limit is three seconds.
  - c. Repeat stage b, above.
  - d. Upon command of the Range Officer or at the turn of the target, draw and fire fifth and sixth round, unload, reload with six rounds and fire two rounds to the center mass area of the target. At the conclusion of the firing, place the weapon in the holster. The time limit is 20 seconds.
  - e. Repeat stage b, above.
  - f. Repeat stage b, above.
  - g. Shooters unload and place the empty weapon in the holster.
2. Seven Yard Line. On command, or at the turn of the target, the weapon will be quickly drawn from the holster in a safe manner, and fired, doubled action with two hand hold, from the extended arm position, using the sights.

### STAGE ONE

- a. Load with six rounds and have two rounds available for reloading from the pocket, pouch or loops.
- b. Upon command of the Range Officer or at the turn of the target, quickly and safely draw the weapon from the holster and fire two rounds to the center mass area of the target. Place the weapon in the holster. The time limit is five seconds.
- c. Repeat stage b, above.
- d. Upon command of the Range Officer or at the turn of the target, quickly draw the weapon from the holster in a safe manner, fire the fifth and sixth round, unload, reload with two rounds and fire two shots. Unload and place the empty weapon in the holster. The time limit is 20 seconds.

### STAGE TWO

- a. Load with six rounds and have twelve rounds available for reloading from the pocket and pouch.
- b. Upon command of the Range Officer or at the turn of the target, quickly draw the weapon from the holster in a safe manner, fire two rounds to the center mass and one shot to the head area of the target. Place the weapon in the holster. The time limit is six seconds.
- c. Upon command of the Range Officer or at the turn of the target, quickly draw the weapon from the holster in a safe manner, fire two rounds to the center mass and one shot to the head area of the target. Unload, reload with six rounds and fire two rounds to the center mass and one shot to the head area of the target. Place the weapon in the holster at the conclusion of this phase. The time limit is 25 seconds. (Note: When applicable, allow time to reload pouches.)
- d. Upon command of the Range Officer or at the turn of the target, draw, fire two rounds to the center mass and one shot to the head area of the target, unload, reload with six rounds from the pocket or pouch and fire two rounds to the center mass and one round to the head area of the target. Place the weapon in the holster at the conclusion of this phase. The time limit is 25 seconds.

- e. Upon command of the Range Officer or at the turn of the target, draw, fire two rounds to the center mass and one shot to the head area of the target. The time limit is six seconds.
  - f. Unload and place the empty weapon in the holster. Once the line is secure, move down range and score the target.
1. Fifteen Yard Line. On command, the weapon will be quickly drawn in a safe manner, and fired, double action, from the point shoulder position, with a two-handed hold and using the sights.
- a. Load with six rounds and holster. Have six rounds available for reloading from either a pouch or pocket.
  - b. Upon command of the Range Officer or at the turn of the target, quickly draw the weapon from the holster in a safe manner and fire two rounds to the center mass area of the target and holster the weapon. The time limit is six seconds.
  - c. Repeat stage b, above.
  - d. Upon command of the Range Officer or at the turn of the target, quickly draw the weapon from the holster in a safe manner and fire the fifth and sixth rounds, unload, reload with six rounds, fire two rounds to the center mass area of the target and holster the weapon. The time limit is 25 seconds.
  - e. Repeat stage b, above.
  - f. Repeat stage b, above. Unload and place the empty weapon in the holster. Once the line is secure, shooters will move down range and score the targets.

I. Recording Scores.

- 1. Once targets have been scored, scores should be verified and recorded on the Weapons/Qualification and Familiarization Record Form (USM 333) by the Range Officer or Firearms Instructor.
- 2. A copy of the completed form should be forwarded to the Judicial Protective Services for inclusion in the Court Security Officer's official file.



**CSO SEMI-AUTO HANDGUN QUALIFICATION COURSE**

11/21/2000

General Rules:

1. This qualification course will be fired with an issued handgun as approved by the Judicial Security Division. Appropriate ammunition will be used, as specified in the USMS Ammunition Supply Letter.
2. Participants will wear their normal working attire and equipment. This will include a jacket of sufficient length to conceal the weapon, as well as the holster and spare ammunition carrier used on duty.
3. Each stage of fire will begin with the weapon in the holster, with all retention devices (thumb-break, strap, etc.) Secured. All firing will be done two-handed, strong hand supported by the weak.
4. This is a 50 round course of fire, using the Trans-Tar II target. There are 250 possible points, with a minimum qualifying score of 175 (70%) or above. The following are the scoring classifications:

250	DE	(Distinguished Expert)
238-249	EX	(Expert)
213-237	SS	(Sharpshooter)
175-212	MM	(Marksman)
174 or below	DNQ	(Did Not Qualify)

5. Alibi shots are allowed only in the case of bad ammunition, target malfunction, instructor error or weapon malfunction. If the shooter fails to get off a required round for any other reason (failure to make a proper draw, missing a reload, etc.), they may not "make up" the round by firing extra shots on a later facing. Five points will be deducted from the score for each round missed.
6. Scores will be verified and recorded on Form USM-333, *Weapons Qualification Record*. A copy of the completed form will be forwarded to the Judicial Security Division for inclusion in the Personnel Security File.

## CSO SEMI-AUTO HANDGUN QUALIFICATION COURSE

- Stage 1 - 3 yards  
(12 rounds total)** Load with one six-round magazine, with another six-round magazine available for reloading.  
**1<sup>st</sup> facing-** Draw and fire 2 rounds center-mass in 3 seconds.  
Scan and safely holster.  
**2<sup>nd</sup> facing-** Draw and fire 2 rounds center-mass in 3 seconds.  
Scan and safely holster.  
**3<sup>rd</sup> facing-** Draw and fire 2 rounds center-mass, reload and fire 2 more rounds center-mass. All in 20 seconds  
Scan and safely holster.  
**4<sup>th</sup> facing-** Draw and fire 2 rounds center-mass in 3 seconds.  
Scan and safely holster.  
**5<sup>th</sup> facing-** Draw and fire 2 rounds center-mass in 3 seconds.  
Properly clear and holster an empty weapon.
- Stage 2 - 7 Yards  
(8 rounds total)** Load with one six-round magazine, with a two-round magazine available for reloading.  
**1<sup>st</sup> facing-** Draw and fire 2 rounds center-mass in 5 seconds.  
Scan and safely holster.  
**2<sup>nd</sup> facing-** Draw and fire 2 rounds center-mass in 5 seconds.  
Scan and safely holster.  
**3<sup>rd</sup> facing-** Draw and fire 2 rounds center-mass, reload and fire 2 more rounds center-mass. All in 20 seconds.  
Properly clear and holster an empty weapon.
- Stage 3 - 7 Yards  
(18 rounds total)** Load with one six-round magazine, with two more six-round magazines available for reloading.  
**1<sup>st</sup> facing-** Draw and fire 3 rounds (2C/1H) in 6 seconds.  
Scan and safely holster.  
**2<sup>nd</sup> facing-** Draw and fire 3 rounds (2C/1H), reload and fire 3 more rounds (2C/1H) in 20 seconds.  
Scan and safely holster.  
**3<sup>rd</sup> facing-** Draw and fire 3 rounds (2C/1H), reload and fire 3 more rounds (2C/1H) in 20 seconds.  
Scan and safely holster.  
**4<sup>th</sup> facing-** Draw and fire 3 rounds (2C/1H) in 6 seconds.  
Properly clear and holster an empty weapon.
- Stage 4 - 15 Yards  
(12 rounds total)** Load with one six-round magazine, with another six-round magazine available for reloading.  
**1<sup>st</sup> facing-** Draw and fire 2 rounds center-mass in 6 seconds.  
Scan and safely holster.  
**2<sup>nd</sup> facing-** Draw and fire 2 rounds center-mass in 6 seconds.  
Scan and safely holster.  
**3<sup>rd</sup> facing-** Draw and fire 2 rounds center-mass, reload and fire 2 more rounds center-mass. All in 25 seconds.  
Scan and safely holster.  
**4<sup>th</sup> facing-** Draw and fire 2 rounds center-mass in 6 seconds.  
Scan and safely holster.  
**5<sup>th</sup> facing-** Draw and fire 2 rounds center-mass in 6 seconds.  
Properly clear and holster an empty weapon.

11/21/2000

**CSO SEMI-AUTO HANDGUN QUALIFICATION COURSE**  
**RANGE COMMANDS**

**STAGE 1 - 3 YARD LINE**

Shooters on the line, with a six-round magazine prepare your weapon for duty carry. Have at least one more six-round magazine available for a reload.

This is your 3-yard stage of fire. It consists of 12 rounds, all fired center-mass. On the first two facings of the target, draw and fire 2 rounds in 3 seconds (2-handed shooting). Then scan and holster. On the third facing, draw and fire 2 rounds, reload and fire 2 more rounds, all in 20 seconds. Then scan and holster. On the last two facings, draw and fire 2 rounds in 3 seconds, then scan and holster.

**IS THE LINE LOADED? THE LINE IS LOADED AND READY. 2 ROUNDS IN 3 SECONDS.  
WATCH YOUR THREAT.**

(One 3 second facing)

**SCAN AND HOLSTER. 2 ROUNDS IN 3 SECONDS. WATCH YOUR THREAT.**

(One 3 second facing)

**SCAN AND HOLSTER. FIRE 2 ROUNDS, RELOAD AND FIRE 2 MORE ROUNDS IN 20 SECONDS.  
WATCH YOUR THREAT.**

(One 20 second facing)

**SCAN AND HOLSTER. 2 ROUNDS IN 3 SECONDS. WATCH YOUR THREAT.**

(One 3 second facing)

**SCAN AND HOLSTER. 2 ROUNDS IN 3 SECONDS. WATCH YOUR THREAT.**

(One 3 second facing)

**PROPERLY CLEAR AND HOLSTER AN EMPTY WEAPON.**

(Move targets or shooters to the 7-yard line)

11/21/2000

CSO SEMI-AUTO HANDGUN QUALIFICATION COURSE  
RANGE COMMANDS

**STAGE 2 - 7 YARD LINE**

Shooters on the line, with a six-round magazine, prepare your weapon for duty carry. Have a two-round magazine available for reloading.

This is your first 7-yard stage of fire, consisting of 8 rounds. All firing will be center-mass. On the first two facings of the target, draw and fire 2 rounds (two-handed) in 5 seconds, then scan and holster. On the next facing, you will have 20 seconds to draw and fire 2 rounds (two-handed), reload with a two-round magazine and fire two more rounds, center-mass. Then scan and holster a safe and empty weapon.

**IS THE LINE LOADED? THE LINE IS LOADED AND READY. 2 ROUNDS IN 5 SECONDS.  
WATCH YOUR THREAT.**

*(One 5 second facing)*

**SCAN AND HOLSTER. 2 ROUNDS IN 5 SECONDS.  
WATCH YOUR THREAT.**

*(One 5 second facing)*

**SCAN AND HOLSTER. FIRE 2 ROUNDS, RELOAD AND FIRE 2 MORE ROUNDS IN 20 SECONDS.  
WATCH YOUR THREAT.**

*(One 20 second facing)*

**PROPERLY CLEAR AND HOLSTER AN EMPTY WEAPON.**

Targets may be scored at this point, dividing the course into one segment of 20 rounds (100 possible points) and one segment of 30 rounds (150 possible points.) Scoring may also be done at the end of the course of fire, with 50 rounds on one target.

11/21/2000

**CSO SEMI-AUTO HANDGUN QUALIFICATION COURSE**  
**RANGE COMMANDS**

**STAGE 3 - 7 YARD LINE**

Shooters on the line, with a six-round magazine, prepare your weapon for duty carry. Have another six-round magazine available for reloading.

This is your second 7-yard stage of fire, consisting of 18 rounds. All firing will be two to the chest and one to the head. On the first facing, draw and fire 3 rounds (2 to the chest, 1 to the head) in 6 seconds. Then scan and holster. On the next facing, draw and fire 3 rounds (2 to the chest, 1 to the head), reload and fire 3 more rounds (2 to the chest, 1 to the head) in 25 seconds, then scan and holster. On the next facing, again draw and fire 2 to the chest, 1 to the head, reload and fire 2 to the chest and 1 to the head, also in 25 seconds. On the final facing, draw and fire 3 rounds (2 to the chest, 1 to the head) in 6 seconds. Then clear and holster a safe and empty weapon.

**IS THE LINE LOADED? THE LINE IS LOADED AND READY. 2 TO THE CHEST, 1 TO THE HEAD IN 6 SECONDS.  
WATCH YOUR THREAT.**

(One 6 second facing)

**SCAN AND HOLSTER. 2 TO THE CHEST, 1 TO THE HEAD, RELOAD, THEN 2 TO THE CHEST, 1 TO THE HEAD. ALL IN 25 SECONDS.  
WATCH YOUR THREAT.**

(One 25 second facing)

**SCAN AND HOLSTER. AGAIN FIRE 2 TO THE CHEST, 1 TO THE HEAD, RELOAD, THEN 2 TO THE CHEST, 1 TO THE HEAD. ALL IN 25 SECONDS.  
WATCH YOUR THREAT.**

(One 25 second facing)

**SCAN AND HOLSTER. 2 TO THE CHEST, 1 TO THE HEAD IN 6 SECONDS.  
WATCH YOUR THREAT.**

(One 6 second facing)

**PROPERLY CLEAR AND HOLSTER AN EMPTY WEAPON.**

(Move targets or shooters to the 15-yard line)

11/21/2000

**CSO SEMI-AUTO HANDGUN QUALIFICATION COURSE**  
**RANGE COMMANDS**

**STAGE 4 - 15 YARD LINE**

Shooters on the line, with a six-round magazine, prepare your weapon for duty carry. Have another six-round magazine available for reloading.

This is your 15-yard stage of fire, consisting of 12 rounds. All shooting will be two-handed, center-mass. On the first two facings, draw and fire 2 rounds in 6 seconds, then scan and holster. On the next facing, draw and fire 2 rounds, reload and fire more rounds in 25 seconds, then scan and holster. On the last two facings, draw and fire 2 rounds in 6 seconds, 2 rounds in 6 seconds. Then properly clear and holster a safe and empty weapon.

**2 ROUNDS IN 6 SECONDS.  
WATCH YOUR THREAT.**

(One 6 second facing)

**SCAN AND HOLSTER. 2 ROUNDS IN 6 SECONDS.  
WATCH YOUR THREAT.**

(One 6 second facing)

**SCAN AND HOLSTER. 2 ROUNDS, RELOAD, 2 ROUNDS IN 25 SECONDS.  
WATCH YOUR THREAT.**

(One 25 second facing)

**SCAN AND HOLSTER. 2 ROUNDS IN 6 SECONDS.  
WATCH YOUR THREAT.**

(One 6 second facing)

**SCAN AND HOLSTER. 2 ROUNDS IN 6 SECONDS.  
WATCH YOUR THREAT.**

(One 6 second facing)

**PROPERLY CLEAR AND HOLSTER A SAFE AND EMPTY WEAPON.**

A total of fifty rounds fired for a possible score of 250 points.

11/21/2000

**APPLICANT**

LEAVE BLANK

TYPE OF PRINTED INFORMATION IN BLACK  
LAST NAME NSM FIRST NAME MIDDLE NAME

LEAVE BLANK

SIGNATURE OF PERSON PRINTED:

ADDRESS ASE

DD FORM 1

**VAUSW0000**  
**USM NO**  
**ARLINGTON, VA**

DATE OF BIRTH DOB  
Month Day Year

RESIDENCE OF PERSON PRINTED:

CITIZENSHIP CEU

2' INCH 3' INCH 4' INCH 5' INCH 6' INCH

PLACE OF BIRTH POB

DATE

SIGNATURE OF EMPLOYER (IF APPLICABLE):

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

FBI NO. FR

CLASS

PERSON PRINTED:

ARMED FORCES NO. ANU

EFF

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. ANU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. PINKY

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. PINKY

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

1. THUMB

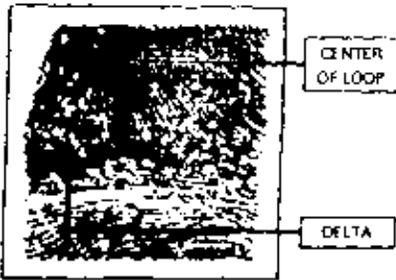
2. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

**FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE  
WASHINGTON, D. C. 20537**

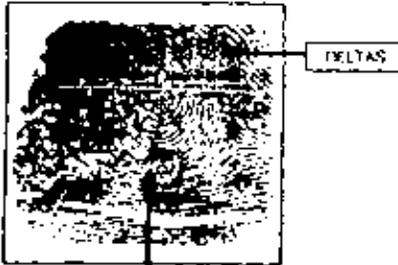
**APPLICANT**

**1. LOOP**



THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

**2. WHORL**



THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

**3. ARCH**



ARCHES HAVE NO DELTAS

FD-208 (REV. 12-28-62)

**TO OBTAIN CLASSIFIABLE IMPRESSIONS:**

1. USE BLACK PAPER 5 IN.
2. DISTRIBUTE INK THINLY BY USING SWAB.
3. WASH AND DRY FINGERS THOROUGHLY.
4. POSE FINGERS FROM NAIL TO NAIL AND AVOID ALLOWING FINGERS TO SLIP.
5. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER.
6. IF AN AMPUTATION OR DISABILITY MAKES IT IMPOSSIBLE TO FINGER A FINGER, MAKE A NOTATION TO THAT EFFECT IN THE INDIVIDUAL FINGER SPACE.
7. IF SOME PHYSICAL CONDITION MAKES IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, SUBMIT THE BEST THAT CAN BE OBTAINED WITH A MEMO STAPLED TO THE CARD EXPLAINING THE CIRCUMSTANCES.
8. EXAMINE THE COMPLETED FINGER TO SEE IF THEY CAN BE CLASSIFIED, BEARING IN MIND THAT MOST FINGERPRINTS FALL INTO THE PATTERNS SHOWN ON THIS CARD (OTHER PATTERNS OCCUR INFREQUENTLY AND ARE NOT SHOWN HERE).

**THIS CARD FOR USE BY:**

1. LAW ENFORCEMENT AGENCIES IN IMPLEMENTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.
2. OFFICIALS IN STATE AND LOCAL GOVERNMENTS FOR POSITIONS OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY DISQUALIFICATION, SUSPENSION, SPECIALLY BASED ON APPLICABLE STATE STATUTES AND LOCAL GOVERNMENT.
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.
4. OFFICIALS OF FEDERAL CHARITERS OR OTHER BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

LEAVE THIS SPACE BLANK

**INSTRUCTIONS:**

1. PRINTS MUST FIRST BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
  2. PRIVACY ACT OF 1974 (P.L. 93-502) REQUIRES THAT FEDERAL STATE OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT.
  3. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYEE AND ADDRESS". THE CONTRIBUTION IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THEM.
  4. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- MISCELLANEOUS NO. - RECORD OTHER ARMED FORCES NO., PASSPORT NO. (PPL), ARMY REGISTRATION NO. (AR), POST SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS), VETERANS ADMINISTRATION CLAIMANT (VA).



### Medical Practitioner's Data Sheet

<b>Name:</b>	
<b>Address:</b>	
<b>MD or DO:</b>	
<b>Social Security #:</b>	
<b>Date of Birth:</b>	
<b>Medical School:</b>	
<b>Year of Graduation:</b>	
<b>State of License:</b>	
<b>Medical License #:</b>	