



RESPONSE TO FREEDOM OF INFORMATION ACT (FOIA) REQUEST

FOIA 2017-0058

1

RESPONSE
TYPE

☐

INTERIM

☒

FINAL

REQUESTER:

Julian Tarver

DATE:

11/09/2016

DESCRIPTION OF REQUESTED RECORDS:

Same search as FOIA Case 2016-0328, records showing all NRC staff sworn in as Special Deputy US Marshals, including forms filled out, assignment, policies, or agreements, for 2016 only.

PART I. -- INFORMATION RELEASED

- ☐ Agency records subject to the request are already available in public ADAMS or on microfiche in the NRC Public Document Room.
- ☒ Agency records subject to the request are enclosed.
- ☐ Records subject to the request that contain information originated by or of interest to another Federal agency have been referred to that agency (see comments section) for a disclosure determination and direct response to you.
- ☐ We are continuing to process your request.
- ☒ See Comments.

PART I.A -- FEES

AMOUNT*

\$

*See Comments for details

☐

You will be billed by NRC for the amount listed.

☒

None. Minimum fee threshold not met.

☐

You will receive a refund for the amount listed.

☐

Fees waived.

PART I.B -- INFORMATION NOT LOCATED OR WITHHELD FROM DISCLOSURE

- ☐ We did not locate any agency records responsive to your request. *Note:* Agencies may treat three discrete categories of law enforcement and national security records as not subject to the FOIA ("exclusions"). 5 U.S.C. 552(c). This is a standard notification given to all requesters; it should not be taken to mean that any excluded records do, or do not, exist.
- ☒ We have withheld certain information pursuant to the FOIA exemptions described, and for the reasons stated, in Part II.
- ☐ Because this is an interim response to your request, you may not appeal at this time. We will notify you of your right to appeal any of the responses we have issued in response to your request when we issue our final determination.
- ☒ You may appeal this final determination within 30 calendar days of the date of this response by sending a letter or email to the FOIA Officer, at U.S. Nuclear Regulatory Commission, Washington, D.C. 20555-0001, or FOIA.Resource@nrc.gov. Please be sure to include on your letter or email that it is a "FOIA Appeal."

PART I.C COMMENTS (Use attached Comments continuation page if required)

In conformance with the FOIA Improvement Act of 2016, the NRC is informing you that: (1) you have the right to seek assistance from the NRC's FOIA Public Liaison; (2) you have the right to seek dispute resolution services from the NRC's FOIA Public Liaison or the Office of Government Information Services; and (3) notwithstanding the language in Parts I.B and II.B of this form, you may appeal this final determination within 90 calendar days of the date of this response by sending a letter or email to the FOIA Officer, at U.S. Nuclear Regulatory Commission, Washington, D.C. 20555-0001, or FOIA.Resource@nrc.gov. Please be sure to include on your letter or email that it is a "FOIA Appeal."

SIGNATURE - FREEDOM OF INFORMATION ACT OFFICER

Nina Argent, Acting

**RESPONSE TO FREEDOM OF
INFORMATION ACT (FOIA) REQUEST**

2017-0058

DATE:

11/09/2016

PART II.A -- APPLICABLE EXEMPTIONS

Records subject to the request are being withheld in their entirety or in part under the FOIA exemption(s) as indicated below (5 U.S.C. 552(b)).

- ☐ Exemption 1: The withheld information is properly classified pursuant to an Executive Order protecting national security information.
- ☐ Exemption 2: The withheld information relates solely to the internal personnel rules and practices of NRC.
- ☐ Exemption 3: The withheld information is specifically exempted from public disclosure by the statute indicated.
- ☐ Sections 141-145 of the Atomic Energy Act, which prohibits the disclosure of Restricted Data or Formerly Restricted Data (42 U.S.C. 2161-2165).
- ☐ Section 147 of the Atomic Energy Act, which prohibits the disclosure of Unclassified Safeguards Information (42 U.S.C. 2167).
- ☐ 41 U.S.C. 4702(b), which prohibits the disclosure of contractor proposals, except when incorporated into the contract between the agency and the submitter of the proposal.
- ☐ Exemption 4: The withheld information is a trade secret or confidential commercial or financial information that is being withheld for the reason(s) indicated.
- ☐ The information is considered to be proprietary because it concerns a licensee's or applicant's physical protection or material control and accounting program for special nuclear material pursuant to 10 CFR 2.390(d)(1).
- ☐ The information is considered to be another type or confidential business (proprietary) information.
- ☐ The information was submitted by a foreign source and received in confidence pursuant to 10 CFR 2.390(d)(2).
- ☐ Exemption 5: The withheld information consists of interagency or intraagency records that are normally privileged in civil litigation.
- ☐ Deliberative process privilege.
- ☐ Attorney work product privilege.
- ☐ Attorney-client privilege.
- ☒ Exemption 6: The withheld information from a personnel, medical, or similar file, is exempted from public disclosure because its disclosure would result in a clearly unwarranted invasion of personal privacy.
- ☐ Exemption 7: The withheld information consists of records compiled for law enforcement purposes and is being withheld for the reason(s) indicated.
- ☐ (A) Disclosure could reasonably be expected to interfere with an open enforcement proceeding.
- ☐ (C) Disclosure could reasonably be expected to constitute an unwarranted invasion of personal privacy.
- ☐ (D) The information consists of names and other information the disclosure of which could reasonably be expected to reveal identities of confidential sources.
- ☐ (E) Disclosure would reveal techniques and procedures for law enforcement investigations or prosecutions, or guidelines that could reasonably be expected to risk circumvention of the law.
- ☐ (F) Disclosure could reasonably be expected to endanger the life or physical safety of an individual.
- ☐ Other

PART II.B -- DENYING OFFICIALS

In accordance with 10 CFR 9.25(g) and 9.25(h) of the U.S. Nuclear Regulatory Commission regulations, the official(s) listed below have made the determination to withhold certain information responsive to your request.

DENYING OFFICIAL	TITLE/OFFICE	RECORDS DENIED	APPELLATE OFFICIAL	
			EDO	SECY
Nina Argent	Acting FOIA Officer	PII	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Appeals must be made in writing within 30 calendar days of the date of this response by sending a letter or email to the FOIA Officer, at U.S. Nuclear Regulatory Commission, Washington, D.C. 20555-0001, or FOIA.Resource@nrc.gov. Please be sure to include on your letter or email that it is a "FOIA Appeal."



UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555-0001

March 1, 2016

Ms. Karen J. Brown, Chief Inspector
Special Deputation Unit
United States Marshals Service Headquarters
TOD, Office of Security Programs
2604 Jefferson Davis Highway
Alexandria, VA 22301

Dear Ms. Brown:

In October 2005, the U.S. Marshals Service granted blanket deputation to the Special Agents of the U.S. Nuclear Regulatory Commission's Office of Investigations (OI). Your assistance is requested in obtaining Special Deputation Authority for Special Agent (b)(6) who was hired by OI in February of (b)(6). Special Agent (b)(6) has over (b)(6) years of Federal law enforcement experience with (b)(6). Special Agent (b)(6) completed the Apprentice Criminal Investigator Course at the U.S. Army Military Police School, Fort McClellan, AL, in (b)(6).

I concur with Special Agent (b)(6) participation in the Special Deputation Program, and I am requesting that blanket deputation be granted to Special Agent (b)(6). Special Agent (b)(6) has no internal investigation pending within this organization. A completed, signed USM-3A for Special Agent (b)(6) is enclosed.

OI is in the process of seeking statutory authority with the full support of the NRC. The NRC's legislative proposal, for statutory authority for OI criminal investigators, is being forwarded by the NRC to the Office of Management and Budget and the 114th Congress for approval. As a result, we respectfully request continued participation in the Special Deputation Program through March 2019.

If you have any additional questions regarding this request, please contact me at 301-415-2373

Thank you for your kind cooperation and consideration.

Sincerely,

A handwritten signature in dark ink, appearing to read "Robert C. Goetz", is written over a series of horizontal lines.

Robert C. Goetz, Assistant to the Director
Office of Investigations

Enclosure:
As stated



UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555-0001

July 29, 2016

Ms. Karen J. Brown, Chief Inspector
Special Deputation Unit
United States Marshals Service Headquarters
TOD, Office of Security Programs
2604 Jefferson Davis Highway
Alexandria, VA 22301

Dear Ms. Brown:

In October 2005, the U.S. Marshals Service granted blanket deputation to the Special Agents of the U.S. Nuclear Regulatory Commission's Office of Investigations (OI). Your assistance is requested in obtaining Special Deputation Authority for Special Agent (b)(6) who was hired by OI in June (b)(6). Special Agent (b)(6) has over (b)(6) years of Federal law enforcement experience with the (b)(6). Special Agent (b)(6) completed the Criminal Investigator Training Program at the Federal Law Enforcement Training Center, Glynco, GA, in (b)(6).

I concur with Special Agent (b)(6) participation in the Special Deputation Program, and I am requesting that blanket deputation be granted to Special Agent (b)(6). Special Agent (b)(6) has no internal investigation pending within this organization. A completed, signed USM-3A for Special Agent (b)(6) is enclosed.

OI is in the process of seeking statutory authority with the full support of the NRC. The NRC's legislative proposal, for statutory authority for OI criminal investigators, is being forwarded by the NRC to the Office of Management and Budget and the 114th Congress for approval. As a result, we respectfully request continued participation in the Special Deputation Program through July 2019.

If you have any additional questions regarding this request, please contact me at 301-415-2373.

Thank you for your kind cooperation and consideration.

Sincerely,

Robert C. Goetz, Assistant to the Director
Office of Investigations

Enclosure:
As stated



UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555-0001

June 24, 2016

Ms. Karen J. Brown, Chief Inspector
Special Deputation Unit
United States Marshals Service Headquarters
TOD, Office of Security Programs
2604 Jefferson Davis Highway
Alexandria, VA 22301

Dear Ms. Brown:

In October 2005, the U.S. Marshals Service granted blanket deputation to the Special Agents of the U.S. Nuclear Regulatory Commission's Office of Investigations (OI). Your assistance is requested in obtaining Special Deputation Authority for Senior Special Agent (SSA, (b)(6)) (b)(6) who was hired by OI in May (b)(6). SSA (b)(6) has over 20 years of Federal law enforcement experience with the (b)(6) Washington, D.C. SSA (b)(6) completed the Criminal Investigator Training Program at the Federal Law Enforcement Training Center, Glynnco, GA, in (b)(6).

I concur with SSA (b)(6) participation in the Special Deputation Program, and I am requesting that blanket deputation be granted to SSA (b)(6). SSA (b)(6) has no internal investigation pending within this organization. A completed, signed USM-3A for SSA (b)(6) is enclosed.

OI is in the process of seeking statutory authority with the full support of the NRC. The NRC's legislative proposal, for statutory authority for OI criminal investigators, is being forwarded by the NRC to the Office of Management and Budget and the 114th Congress for approval. As a result, we respectfully request continued participation in the Special Deputation Program through March 2019.

If you have any additional questions regarding this request, please contact me at 301-415-2373.

Thank you for your kind cooperation and consideration.

Sincerely,

Robert C. Goetz, Assistant to the Director
Office of Investigations

Enclosure:
As stated



UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555-0001

May 16, 2016

Ms. Karen J. Brown, Chief Inspector
Special Deputation Unit
United States Marshals Service Headquarters
TOD, Office of Security Programs
2604 Jefferson Davis Highway
Alexandria, VA 22301

Dear Ms. Brown:

In October 2005, the U.S. Marshals Service granted blanket deputation to the Special Agents of the U.S. Nuclear Regulatory Commission's Office of Investigations (OI). Your assistance is requested in obtaining Special Deputation Authority for Special Agent (b)(6) who was hired by OI in April (b)(6). Special Agent (b)(6) has over (b)(6) years of Federal law enforcement experience with the (b)(6). Special Agent (b)(6) completed the Criminal Investigator Training Program at the Federal Law Enforcement Training Center, Glynco, GA, in (b)(6).

I concur with Special Agent (b)(6) participation in the Special Deputation Program, and I am requesting that blanket deputation be granted to Special Agent (b)(6). Special Agent (b)(6) has no internal investigation pending within this organization. A completed, signed USM-3A for Special Agent (b)(6) is enclosed.

OI is in the process of seeking statutory authority with the full support of the NRC. The NRC's legislative proposal, for statutory authority for OI criminal investigators, is being forwarded by the NRC to the Office of Management and Budget and the 114th Congress for approval. As a result, we respectfully request continued participation in the Special Deputation Program through March 2019.

If you have any additional questions regarding this request, please contact me at 301-415-2373.

Thank you for your kind cooperation and consideration.

Sincerely,

Robert C. Goetz, Assistant to the Director
Office of Investigations

Enclosure
As stated



UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555-0001

May 16, 2016

Ms. Karen J. Brown, Chief Inspector
Special Deputation Unit
United States Marshals Service Headquarters
TOD, Office of Security Programs
2604 Jefferson Davis Highway
Alexandria, VA 22301

Dear Ms. Brown:

In October 2005, the U.S. Marshals Service granted blanket deputation to the Special Agents of the U.S. Nuclear Regulatory Commission's Office of Investigations (OI). Your assistance is requested in obtaining Special Deputation Authority for Special Agent (b)(6) who was hired by OI in April (b)(6). Special Agent (b)(6) has over (b)(6) years of Federal law enforcement experience with the (b)(6).

(b)(6) Special Agent (b)(6) completed the Criminal Investigator Training Program at the Federal Law Enforcement Training Center, Glynnco, GA, in (b)(6).

I concur with Special Agent (b)(6) participation in the Special Deputation Program, and I am requesting that blanket deputation be granted to Special Agent (b)(6). Special Agent (b)(6) has no internal investigation pending within this organization. A completed, signed USM-3A for Special Agent (b)(6) is enclosed.

OI is in the process of seeking statutory authority with the full support of the NRC. The NRC's legislative proposal, for statutory authority for OI criminal investigators, is being forwarded by the NRC to the Office of Management and Budget and the 114th Congress for approval. As a result, we respectfully request continued participation in the Special Deputation Program through March 2019.

If you have any additional questions regarding this request, please contact me at 301-415-2373.

Thank you for your kind cooperation and consideration.

Sincerely,

A handwritten signature in dark ink, appearing to read "Robert C. Goetz", is written over a series of horizontal lines.

Robert C. Goetz, Assistant to the Director
Office of Investigations

Enclosure:
As stated



UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D.C. 20555-0001

April 15, 2016

Ms. Karen J. Brown, Chief Inspector
Special Deputation Unit
United States Marshals Service Headquarters
TOD, Office of Security Programs
2604 Jefferson Davis Highway
Alexandria, VA 22301

Dear Ms. Brown:

In October 2005, the U.S. Marshals Service granted blanket deputation to the Special Agents of the U.S. Nuclear Regulatory Commission's Office of Investigations (OI). Your assistance is requested in obtaining Special Deputation Authority for Special Agent (b)(6) who was hired by OI in April (b)(6). Special Agent (b)(6) has (b)(6) years of Federal and state law enforcement experience, including the (b)(6)

(b)(6)

(b)(6) In (b)(6) Special Agent (b)(6) completed the FBI's Special Agent Training located in Quantico, Virginia.

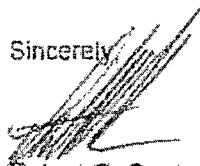
I concur with Special Agent (b)(6) participation in the Special Deputation Program, and I am requesting that blanket deputation be granted to Special Agent (b)(6). Special Agent (b)(6) has no internal investigation pending within this organization. A completed, signed USM-3A for Special Agent (b)(6) is enclosed.

OI is in the process of seeking statutory authority with the full support of the NRC. The NRC's legislative proposal, for statutory authority for OI criminal investigators, is being forwarded by the NRC to the Office of Management and Budget and the 114th Congress for approval. As a result, we respectfully request continued participation in the Special Deputation Program through March 2019.

If you have any additional questions regarding this request, please contact me at 301-415-2373.

Thank you for your kind cooperation and consideration.

Sincerely,


Robert C. Goetz, Assistant to the Director
Office of Investigations

Enclosure:
As stated

U.S. Department of Justice
United States Marshals ServiceApplication for Special Deputation/
Sponsoring Federal Agency Information

1. Applicant Name (Last, First, MI): (b)(6)		2. Date of Birth: (b)(6)		3. Social Security Number: (b)(6)	
4. Employer: Nuclear Regulatory Commission					
5. Employer Address - Street: 1600 E Lamar Blvd			6. City: Arlington		7. State: TX
			8. ZIP Code: 76011		
9. Work Telephone: (b)(6)		10. E-mail Address: (b)(6) @nrc.gov			
11. Job Title: Special Agent/Criminal Investigator					12. Job Series (If Federal Employee): 1811
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 13. I am a citizen of the United States (includes naturalized citizen).					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 14. I am employed full-time by a federal, state, local or tribal law enforcement agency, or an agency approved by the DOJ.					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 15. I have successfully completed the following basic law enforcement training program or military equivalent (EXCEPTION: Executive Office of United States Attorney). If not, state what course you have completed that is (FLETC) comparable and provide documentation and/or certificate of completion: Academy: (b)(6) Course Name: Apprentice Criminal Investigator Course Location (City, State): (b)(6) Completion Date (Month/Year): (b)(6)					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 16. I had a 5-year break in law enforcement, however, I have completed a law enforcement refresher course within the past year of signing this application (attach certificate): Agency: _____ Course Name: _____ Location (City, State): _____ Completion Date (Month/Year): _____					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17. I have at least one year of basic law enforcement experience to include general arrest authority. (If no general arrest authority, provide letter explaining what your authority was or is.) Agency: (b)(6) Location (City, State): Dallas, TX Dates (Month/Year - Month/Year): (b)(6)					
<input checked="" type="checkbox"/> True <input type="checkbox"/> False 18. I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C. Section 922 (g)(9) Lautenberg Amendment.					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 19. I have qualified with my primary authorized firearm. Give full description (firearm manufacturer, model, caliber): Description: Glock 23, .40 caliber Qualification Date (Month/Day/Year): (b)(6) (Qualification date must be within 6 months of application date.)					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 20. I have read and I agree to comply with the deadly force policy of either my agency or the Department of Justice.					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 21. I have included a copy of my employer's authorization letter stating that they concur with my participation and that the applicant has no internal investigations pending within the organization.					
To be completed by Protection Details only (person/building/assets/artifacts, etc.): <input type="checkbox"/> Yes <input type="checkbox"/> No 22. I have successfully completed the following basic protective services training program. If not, state what course you have completed that is (FLETC) comparable and provide documentation and/or certificate of completion. Course Name: _____ Location (City, State): _____ Completion Date (Month/Year): _____ (Attach certificate.)					
23. I certify that the above statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)					

Signature of Applicant:

(b)(6)

Date: 03/01/2016

SPONSORING FEDERAL AGENCY INFORMATION - To be completed by the sponsoring agency point of contact and signed by the sponsor.

1. Sponsoring Agency Name: U.S. Nuclear Regulatory Commission		2. Sponsoring District: Northern District of Texas	
3. Name of Sponsor: Robert C. Goetz, Assistant to the Director		4. Agency Phone Number: 301-415-2373	
5. Sponsoring Agency Address - Street: 11555 Rockville Pike	6. City: Rockville	7. State: MD	8. ZIP Code: 20852
9. Name of District Contact: (b)(6)	10. Telephone: (b)(6)	11. E-mail Address: (b)(6)@nrc.gov	
12. Name of Sponsored Applicant: (b)(6)		13. Applicant Employer: U.S. Nuclear Regulatory Commission	
14. Type of Request: <input checked="" type="checkbox"/> First Time <input type="checkbox"/> Renewal (Must be submitted 60 days prior to expiration date) - Exp. Date (MM/YY):			

15. State sole purpose of Special Deputation. Explain the need and justification for the deputation, to include the name of the task force, operation, or special project.

OI Special Agents are frequently placed in potentially harmful situations, as part of the work they perform and the laws and regulations they enforce. OI Special Agents are charged with ensuring safety of the public, as well as themselves. OI Special Agents frequently assume responsibility for the safety of other NRC employees and perform other duties, including, but not limited to, surveillance, service of subpoenas, search warrants, license revocations, interviewing and contacting hostile subjects and witnesses (some of whom have outstanding arrest warrants), and assisting other law enforcement agencies. Due to the limited size of the OI workforce and large geographic areas covered by the NRC, OI Special Agents often work alone under these conditions.

Provide full details and supporting documentation for all "NO" answers:

- ☒ Yes ☐ No 16. I have reviewed the Application for Special Deputation / Sponsoring Federal Agency Information (Form USM-3A) submitted by the applicant for Special Deputation and verify that the statements submitted by the applicant are true and correct.
- ☒ Yes ☐ No 17. I have ensured the applicant has read and understood the current deadly force policy from the Sponsoring Agency or from the Department of Justice.
- ☒ Yes ☐ No 18. I have included a copy of the applicant's employer's authorization letter stating that they concur with the applicant's participation and that the applicant has no internal investigations pending within his/her organization.
- ☐ Yes ☐ No 19. **USMS ONLY** - I have attached a copy of the favorable adjudication memorandum from the Personnel Security Branch (PSB) and the date of adjudication. (MANDATORY for unescorted access to USMS space and use of IT systems.)
Date (Month/Day/Year):
- ☐ Yes ☐ No 20. **USMS ONLY** - I have provided the applicant with a copy of the Memorandum of Understanding (MOU) between the USMS and the applicant's employer.
21. I certify that the above statements are true and accurate and that I have reviewed the applicant's statements. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

Signature of Sponsor:

Robert C. GoetzDigitally signed by Robert C. Goetz
DN: cn=US, o=U.S. Government, email=Robert.C.Goetz@nrc.gov, c=US
Date: 2016.02.01 15:23:25 -0500

Date: 03/01/2016

CLICK HERE to submit form to Spec Dep@usdoj.gov (At

SDU Staff Only: ☐ Approval ☐ Disapproval ☐ Application Incomplete ☐ Other

Signature of Chief, Special Deputation Unit:

Date:

INSTRUCTIONS TO COMPLETE THIS FORM

1. Applicants must be provided with a copy of the U.S. Marshals Service deadly force policy from the sponsoring agency or from the Department of Justice.
 2. Applicants must be sponsored by a Federal Law Enforcement Agency.
 3. Renewal requests must be received 60 days prior to the expiration of the current Special Deputation expiration date.
 4. Complete all fields. Type or print legibly in blue or black ink. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A").
 5. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.
 6. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.
 7. All telephone numbers must include area codes.
 8. Provide a copy of the applicant's employer authorization letter on official letterhead. The letter must indicate that the employer concurs with the employee's participation and that the applicant has no pending internal investigations with the organization.
-

Privacy Act Statement

The authority for collection of the information on this form is 28 CFR subpart T, 0.112, 28 U.S.C. 561 through 569. The USMS is authorized to deputize selected persons to perform the functions of a Deputy U.S. Marshal whenever the law enforcement needs of the USMS so require, to provide courtroom security for the Federal judiciary, and as designated by the Associate Attorney General pursuant to 28 CFR 0.19(a)(3). This form serves as a record of the special deputations granted by the USMS to assist in tracking, controlling and monitoring the Special Deputation Program. Your Social Security number is requested as an additional identifier pursuant to Executive Order 9397. Disclosure of the information on this form is voluntary, however, failure to provide the information may result in your disqualification for special deputation.

This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law, and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. Marshals Service, Attn: TOD-Special Deputation Unit, 2604 Jefferson Davis Highway, Alexandria, VA 22301.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

U.S. Department of Justice
United States Marshals ServiceApplication for Special Deputation/
Sponsoring Federal Agency Information

1. Applicant Name (Last, First, MI): <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>		2. Date of Birth: <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>		3. SSN (Last 4 Digits): <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	
4. Employer: Nuclear Regulatory Commission					
5. Employer Address - Street: 245 Peachtree Center Ave., Suite 1200			6. City: Atlanta		7. State: GA
8. ZIP Code: 30303					
9. Work Telephone: <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>		10. E-mail Address: <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> @nrc.gov			
11. Job Title (with employer indicated on Page 1, Question 4; Cannot be Task Force Officer): Special Agent					12. Job Series (If Federal Employee): 1811
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 13. I am a citizen of the United States (includes naturalized citizen).					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 14. I am employed full-time by a federal, state, local or tribal law enforcement agency, or an agency approved by the DOJ.					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 15. I have successfully completed the following basic law enforcement training program or military equivalent (EXCEPTION: Executive Office of United States Attorney). If not, state what course you have completed that is (FLETC) comparable and provide documentation and/or certificate of completion: Academy: FLETC Course Name: CITP Location (City, State): Glynco, GA Completion Date (Month/Year): <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 16. I had a 5-year break in law enforcement, however, I have completed a law enforcement refresher course within the past year of signing this application (attach certificate): Agency: _____ Course Name: _____ Location (City, State): _____ Completion Date (Month/Year): _____					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17. I have at least one year of basic law enforcement experience to include general arrest authority. (If no general arrest authority, provide letter explaining what your authority was or is.) Agency: <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> Location (City, State): Chicago, IL / Washington, DC Dates (Month/Year - Month/Year): <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>					
<input checked="" type="checkbox"/> True <input type="checkbox"/> False 18. I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C. Section 922 (g)(9) Lautenberg Amendment.					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 19. I have qualified with my primary authorized firearm. Give full description (firearm manufacturer, model, caliber): Description: Glock Model 23 .40 Caliber Qualification Date (Month/Day/Year): <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> (Qualification date must be within 6 months of application date.)					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 20. I have read and I agree to comply with the deadly force policy of either my agency or the Department of Justice.					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 21. I have included a copy of my employer's authorization letter stating that they concur with my participation and that the applicant has no internal investigations pending within the organization.					
To be completed by Protection Details only (person/building/assets/artifacts, etc.): <input type="checkbox"/> Yes <input type="checkbox"/> No 22. I have successfully completed the following basic protective services training program (or other (FLETC) comparable course) and have included a copy of my completion certificate/documentation. Course Name: _____ Location (City, State): _____ Completion Date (Month/Year): _____					
23. I certify that the above statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.) <div style="border: 1px solid black; width: 100%; height: 30px; margin-top: 10px;"></div>					
Signature of Applicant:					Date: 07/06/2016

SPONSORING FEDERAL AGENCY INFORMATION - To be completed by the sponsoring agency point of contact and signed by the sponsor.

1. Sponsoring Agency Name: U.S. Nuclear Regulatory Commission		2. Sponsoring District: Northern District of Georgia		3. Applicant's District (District of Swearing-In Location): Northern District of Georgia	
4. Name of Sponsor: Robert C. Goetz, Assistant to the Director			5. Agency Phone Number: 301-415-2373		
6. Sponsoring Agency Address - Street: 11555 Rockville Pike		7. City: Rockville		8. State: MD	9. ZIP Code: 20852
10. Name of District Contact: (b)(6)			11. Telephone: (b)(6)	12. E-mail Address: (b)(6)@nrc.gov	
13. Name of Sponsored Applicant: (b)(6)			14. Applicant Employer: U.S. Nuclear Regulatory Commission		

15. Type of Request: ☒ First Time ☐ Renewal (Must be submitted 60 days prior to expiration date) - Exp. Date (MM/YY): _____

16. Task Force Name:

NA

17. State sole purpose of Special Deputation. Explain the need and justification for the deputation, to include the name of the task force, operation, or special project.

OI Special Agents are frequently placed in potentially harmful situations, as part of the work they perform and the laws and regulations they enforce. OI Special Agents are charged with ensuring safety of the public, as well as themselves. OI Special Agents frequently assume responsibility for the safety of other NRC employees and perform other duties, including, but not limited to, surveillance, service of subpoenas, search warrants, license revocations, interviewing and contacting hostile subjects and witnesses (some of whom have outstanding arrest warrants), and assisting other law enforcement agencies. Due to the limited size of the OI workforce and large geographic areas covered by the NRC, OI Special Agents often work alone under these conditions.

Provide full details and supporting documentation for all "NO" answers:

- ☒ Yes ☐ No 18. I have reviewed the Application for Special Deputation / Sponsoring Federal Agency Information (Form USM-3A) submitted by the applicant for Special Deputation and verify that the statements submitted by the applicant are true and correct.
- ☒ Yes ☐ No 19. I have ensured the applicant has read and understood the current deadly force policy from the Sponsoring Agency or from the Department of Justice.
- ☒ Yes ☐ No 20. I have included a copy of the applicant's employer's authorization letter stating that they concur with the applicant's participation and that the applicant has no internal investigations pending within his/her organization.
- ☐ Yes ☐ No 21. **USMS ONLY** - I have attached a copy of the favorable adjudication memorandum from the Background Investigations Branch (BIB) and the date of adjudication. (MANDATORY for unescorted access to USMS space and use of IT systems.)
Date (Month/Day/Year): _____ (If no favorable adjudication, please indicate "N/A" on the date line.)
- ☐ Yes ☐ No 22. **USMS ONLY** - I have provided the applicant with a copy of the Memorandum of Understanding (MOU) between the USMS and the applicant's employer.
- ☐ Yes ☐ No 23. **USMS ONLY** - I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the oral or written approval of the USMS Investigative Operations Division, Technical Operations Group.
- ☒ Yes ☐ No 24. **ALL OTHER AGENCIES** - I understand that Special Deputy United States Marshals, acting under the authority of their federal deputation, are prohibited from conducting electronic surveillance in non-USMS investigations.
25. I certify that the above statements are true and accurate and that I have reviewed the applicant's statements. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

Signature of Sponsor:

Robert C. GoetzDigitally signed by Robert C. Goetz
DN: cn=US Government, o=US Nuclear Regulatory Commission,
email=RC.Goetz@nrc.gov, c=US, date=2016.03.03 17:22:44-0500

Date:

(b)(6)

CLICK HERE to submit form to Spec.Dep@usdoj.gov (Attach any supporting documentation)SDU Staff Only: ☐ Approval ☐ Disapproval ☐ Application Incomplete ☐ Other

Signature of Chief, Special Deputation Unit: _____

Date: _____

INSTRUCTIONS TO COMPLETE THIS FORM

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 2. Applicants must be provided with a copy of the U.S. Marshals Service deadly force policy from the sponsoring agency or from the Department of Justice.
 3. Applicants must be sponsored by a Federal Law Enforcement Agency.
 4. Renewal requests must be received 60 days prior to the expiration of the current Special Deputation expiration date.
 5. Complete all fields. Type or print legibly in blue or black ink. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A").
 6. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.
 7. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.
 8. All telephone numbers must include area codes.
 9. Provide a copy of the applicant's employer authorization letter on official letterhead. The letter must indicate that the employer concurs with the employee's participation and that the applicant has no pending internal investigations with the organization. Letter must be signed and dated within two months of receipt of this application by the U.S. Marshals Service.
-

Privacy Act Statement

The authority for collection of the information on this form is 28 CFR subpart T, 0.112, 28 U.S.C. 561 through 569. The USMS is authorized to deputize selected persons to perform the functions of a Deputy U.S. Marshal whenever the law enforcement needs of the USMS so require, to provide courtroom security for the Federal judiciary, and as designated by the Associate Attorney General pursuant to 28 CFR 0.19(a)(3). This form serves as a record of the special deputations granted by the USMS to assist in tracking, controlling and monitoring the Special Deputation Program. Your Social Security number is requested as an additional identifier pursuant to Executive Order 9397. Disclosure of the information on this form is voluntary, however, failure to provide the information may result in your disqualification for special deputation.

This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. Marshals Service, Attn: TOD-Special Deputation Unit, 2604 Jefferson Davis Highway, Alexandria, VA 22301.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

U.S. Department of Justice
United States Marshals ServiceApplication for Special Deputation/
Sponsoring Federal Agency Information

1. Applicant Name (Last, First, MI): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		2. Date of Birth: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		3. SSN / Last 4 Digits: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
4. Employer: Nuclear Regulatory Commission					
5. Employer Address - Street: 11555 Rockville Pike			6. City: Rockville		7. State: MD
8. ZIP Code: 20852					
9. Work Telephone: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		10. E-mail Address: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> @nrc.gov			
11. Job Title (with employer indicated on Page 1, Question 4; Cannot be Task Force Officer): Special Agent/Criminal Investigator					12. Job Series (If Federal Employee): 1811
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 13. I am a citizen of the United States (includes naturalized citizen).					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 14. I am employed full-time by a federal, state, local or tribal law enforcement agency, or an agency approved by the DOJ.					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 15. I have successfully completed the following basic law enforcement training program or military equivalent (EXCEPTION: Executive Office of United States Attorney). If not, state what course you have completed that is (FLETC) comparable and provide documentation and/or certificate of completion: Academy: <u>Federal Law Enforcement Training Center</u> Course Name: <u>Criminal Investigator Training Program</u> Location (City, State): <u>Glynco, GA</u> Completion Date (Month/Year): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 16. I had a 5-year break in law enforcement, however, I have completed a law enforcement refresher course within the past year of signing this application (attach certificate): Agency: _____ Course Name: _____ Location (City, State): _____ Completion Date (Month/Year): _____					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17. I have at least one year of basic law enforcement experience to include general arrest authority. (If no general arrest authority, provide letter explaining what your authority was or is.) Agency: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Location (City, State): <u>Washington, DC</u> Dates (Month/Year - Month/Year): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
<input checked="" type="checkbox"/> True <input type="checkbox"/> False 18. I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C. Section 922 (g)(9) Lautenberg Amendment.					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 19. I have qualified with my primary authorized firearm. Give full description (firearm manufacturer, model, caliber): Description: <u>Glock 23, .40 caliber</u> Qualification Date (Month/Day/Year): <div style="border: 1px solid black; height: 20px; width: 100%;"></div> (Qualification date must be within 6 months of application date.)					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 20. I have read and I agree to comply with the deadly force policy of either my agency or the Department of Justice.					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 21. I have included a copy of my employer's authorization letter stating that they concur with my participation and that the applicant has no internal investigations pending within the organization.					
To be completed by Protection Details only (person/building/assets/artifacts, etc.): <input type="checkbox"/> Yes <input type="checkbox"/> No 22. I have successfully completed the following basic protective services training program (or other (FLETC) comparable course) and have included a copy of my completion certificate/documentation. Course Name: _____ Location (City, State): _____ Completion Date (Month/Year): _____					
23. I certify that the above statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)					
Signature of Applicant: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					Date: <u>06/01/2016</u>

SPONSORING FEDERAL AGENCY INFORMATION - To be completed by the sponsoring agency point of contact and signed by the sponsor.

1. Sponsoring Agency Name: U.S. Nuclear Regulatory Commission		2. Sponsoring District: District of Maryland	3. Applicant's District (District of Swearing-In Location): District of Maryland	
4. Name of Sponsor: Robert C. Goetz, Assistant to the Director		5. Agency Phone Number: 301-415-2373		
6. Sponsoring Agency Address - Street: 11555 Rockville Pike		7. City: Rockville	8. State: MD	9. ZIP Code: 20852
10. Name of District Contact: (b)(6)		11. Telephone: (b)(6)	12. E-mail Address: (b)(6)@nrc.gov	
13. Name of Sponsored Applicant: (b)(6)		14. Applicant Employer: U.S. Nuclear Regulatory Commission		

15. Type of Request: ☒ First Time ☐ Renewal (Must be submitted 60 days prior to expiration date) - Exp. Date (MM/YY):

16. Task Force Name:

N/A

17. State sole purpose of Special Deputation. Explain the need and justification for the deputation, to include the name of the task force, operation, or special project.

OI Special Agents are frequently placed in potentially harmful situations as part of the work they perform and the laws and regulations they enforce. OI Special Agents are charged with ensuring safety of the public, as well as themselves. OI Special Agents frequently assume responsibility for the safety of other NRC employees and perform other duties, including but not limited to surveillance, service of subpoenas, search warrants, license revocations, interviewing and contacting hostile subjects and witnesses (some of whom have outstanding arrest warrants), and assisting other law enforcement agencies. Due to the limited size of the OI workforce and large geographic areas covered by the NRC, OI Special Agents often work alone under these conditions.

Provide full details and supporting documentation for all "NO" answers:

- ☒ Yes ☐ No 18. I have reviewed the Application for Special Deputation / Sponsoring Federal Agency Information (Form USM-3A) submitted by the applicant for Special Deputation and verify that the statements submitted by the applicant are true and correct.
- ☒ Yes ☐ No 19. I have ensured the applicant has read and understood the current deadly force policy from the Sponsoring Agency or from the Department of Justice.
- ☒ Yes ☐ No 20. I have included a copy of the applicant's employer's authorization letter stating that they concur with the applicant's participation and that the applicant has no internal investigations pending within his/her organization.
- ☐ Yes ☐ No 21. **USMS ONLY** - I have attached a copy of the favorable adjudication memorandum from the Background Investigations Branch (BIB) and the date of adjudication. (MANDATORY for unescorted access to USMS space and use of IT systems.)
Date (Month/Day/Year): (If no favorable adjudication, please indicate "N/A" on the date line.)
- ☐ Yes ☐ No 22. **USMS ONLY** - I have provided the applicant with a copy of the Memorandum of Understanding (MOU) between the USMS and the applicant's employer.
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- ☒ Yes ☐ No 24. **ALL OTHER AGENCIES** - I understand that Special Deputy United States Marshals, acting under the authority of their federal deputation, are prohibited from conducting electronic surveillance in non-USMS investigations.

25. I certify that the above statements are true and accurate and that I have reviewed the applicant's statements. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

Signature of Sponsor:

Robert C. GoetzDigitally signed by Robert C. Goetz
DN: cn=Robert C. Goetz, o=U.S. Nuclear Regulatory Commission, email=Robert.C.Goetz@nrc.gov, c=US
Date: 2016.06.01 10:52:11 -0400

Date: 06/01/2016

[CLICK HERE to submit form to Spec.Dep@usdoj.gov](mailto:Spec.Dep@usdoj.gov) (Attach any supporting documentation)SDU Staff Only: ☐ Approval ☐ Disapproval ☐ Application Incomplete ☐ Other

Signature of Chief, Special Deputation Unit:

Date:

INSTRUCTIONS TO COMPLETE THIS FORM

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 2. Applicants must be provided with a copy of the U.S. Marshals Service deadly force policy from the sponsoring agency or from the Department of Justice.
 3. Applicants must be sponsored by a Federal Law Enforcement Agency.
 4. Renewal requests must be received 60 days prior to the expiration of the current Special Deputation expiration date.
 5. Complete all fields. Type or print legibly in blue or black ink. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A").
 6. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.
 7. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.
 8. All telephone numbers must include area codes.
 9. Provide a copy of the applicant's employer authorization letter on official letterhead. The letter must indicate that the employer concurs with the employee's participation and that the applicant has no pending internal investigations with the organization. Letter must be signed and dated within two months of receipt of this application by the U.S. Marshals Service.
-

Privacy Act Statement

The authority for collection of the information on this form is 28 CFR subpart T, 0.112, 28 U.S.C. 561 through 569. The USMS is authorized to deputize selected persons to perform the functions of a Deputy U.S. Marshal whenever the law enforcement needs of the USMS so require, to provide courtroom security for the Federal judiciary, and as designated by the Associate Attorney General pursuant to 28 CFR 0.19(a)(3). This form serves as a record of the special deputations granted by the USMS to assist in tracking, controlling and monitoring the Special Deputation Program. Your Social Security number is requested as an additional identifier pursuant to Executive Order 9397. Disclosure of the information on this form is voluntary, however, failure to provide the information may result in your disqualification for special deputation.

This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

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An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

U.S. Department of Justice
United States Marshals ServiceApplication for Special Deputation/
Sponsoring Federal Agency Information

1. Applicant Name (Last, First MI):

2. Date of Birth:

3. SSN (Last 4 Digits):

4. Employer:

Nuclear Regulatory Commission Office of Investigation

5. Employer Address - Street:

2443 Warrenville Rd Suite 210

6. City:

Lisle

7. State:

IL

8. ZIP Code:

60532

9. Work Telephone:

10. E-mail Address:

@nrc.gov

11. Job Title (with employer indicated on Page 1. Question 4; Cannot be Task Force Officer):
Special Agent12. Job Series (If Federal Employee):
1811☒ Yes ☐ No 13. I am a citizen of the United States (includes naturalized citizen).☒ Yes ☐ No 14. I am employed full-time by a federal, state, local or tribal law enforcement agency, or an agency approved by the DOJ.☒ Yes ☐ No 15. I have successfully completed the following basic law enforcement training program or military equivalent (EXCEPTION: Executive Office of United States Attorney). If not, state what course you have completed that is (FLETC) comparable and provide documentation and/or certificate of completion:

Academy: Federal Law Enforcement Training Center

Course Name: Criminal Investigator Training Program

Location (City, State): Glynco, GA

Completion Date (Month/Year):

☐ Yes ☒ No 16. I had a 5-year break in law enforcement, however, I have completed a law enforcement refresher course within the past year of signing this application (attach certificate):

Agency:

Course Name:

Location (City, State):

Completion Date (Month/Year):

☒ Yes ☐ No 17. I have at least one year of basic law enforcement experience to include general arrest authority. (If no general arrest authority, provide letter explaining what your authority was or is.)

Agency:

Location (City, State): Chicago, IL

Dates (Month/Year - Month/Year):

☒ True ☐ False 18. I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C. Section 922 (g)(9) Lautenberg Amendment.☒ Yes ☐ No 19. I have qualified with my primary authorized firearm. Give full description (firearm manufacturer, model, caliber):

Description: Glock 23, .40 Caliber

Qualification Date (Month/Day/Year):

(Qualification date must be within 6 months of application date.)

☒ Yes ☐ No 20. I have read and I agree to comply with the deadly force policy of either my agency or the Department of Justice.☒ Yes ☐ No 21. I have included a copy of my employer's authorization letter stating that they concur with my participation and that the applicant has no internal investigations pending within the organization.

To be completed by Protection Details only (person/building/assets/artifacts, etc.):

☐ Yes ☐ No 22. I have successfully completed the following basic protective services training program (or other (FLETC) comparable course) and have included a copy of my completion certificate/documentation.

Course Name:

Location (City, State):

Completion Date (Month/Year):

23. I certify that the above statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

Signature of Applicant

Date: 5/5/2016

SPONSORING FEDERAL AGENCY INFORMATION - To be completed by the sponsoring agency point of contact and signed by the sponsor.

1. Sponsoring Agency Name: U.S. Nuclear Regulatory Commission		2. Sponsoring District: Northern District of IL		3. Applicant's District (District of Swearing-In Location): Northern District of Illinois	
4. Name of Sponsor: Robert C. Goetz, Assistant to the Director			5. Agency Phone Number: 301-415-2373		
6. Sponsoring Agency Address - Street: 11555 Rockville Pike		7. City: Rockville		8. State: MD	9. ZIP Code: 20852
10. Name of District Contact: (b)(6)		11. Telephone: (b)(6)		12. E-mail Address: (b)(6) @nrc.gov	
13. Name of Sponsored Applicant: (b)(6)			14. Applicant Employer: U.S. Nuclear Regulatory Commission		
15. Type of Request: <input checked="" type="checkbox"/> First Time <input type="checkbox"/> Renewal (Must be submitted 60 days prior to expiration date) - Exp. Date (MM/YY): _____					

16. Task Force Name:

NA

17. State sole purpose of Special Deputation. Explain the need and justification for the deputation, to include the name of the task force, operation, or special project.

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<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	18. I have reviewed the Application for Special Deputation / Sponsoring Federal Agency Information (Form USM-3A) submitted by the applicant for Special Deputation and verify that the statements submitted by the applicant are true and correct.
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<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20. I have included a copy of the applicant's employer's authorization letter stating that they concur with the applicant's participation and that the applicant has no internal investigations pending within his/her organization.
<input type="checkbox"/> Yes <input type="checkbox"/> No	21. USMS ONLY - I have attached a copy of the favorable adjudication memorandum from the Background Investigations Branch (BIB) and the date of adjudication. (MANDATORY for unescorted access to USMS space and use of IT systems.) Date (Month/Day/Year): _____ (If no favorable adjudication, please indicate "N/A" on the date line.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	22. USMS ONLY - I have provided the applicant with a copy of the Memorandum of Understanding (MOU) between the USMS and the applicant's employer.
<input type="checkbox"/> Yes <input type="checkbox"/> No	23. USMS ONLY - I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the oral or written approval of the USMS Investigative Operations Division, Technical Operations Group.
<input type="checkbox"/> Yes <input type="checkbox"/> No	24. ALL OTHER AGENCIES - I understand that Special Deputy United States Marshals, acting under the authority of their federal deputation, are prohibited from conducting electronic surveillance in non-USMS investigations.

25. I certify that the above statements are true and accurate and that I have reviewed the applicant's statements. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

Signature of Sponsor:

Robert C. GoetzDistrict signed by Robert C. Goetz
DNR, U.S. Civil & Government, U.S. Nuclear Regulatory Commission
USM-3A (Rev. 03/2016) (Mandatory for unescorted access to USMS space and use of IT systems)
Date: 05/12/2016

Date: 05/12/2016

CLICK HERE to submit form to Spec.Dep@usdoj.gov (Attach any supporting documentation)SDU Staff Only: ☐ Approval ☐ Disapproval ☐ Application Incomplete ☐ Other

Signature of Chief, Special Deputation Unit: _____

Date: _____

INSTRUCTIONS TO COMPLETE THIS FORM

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8. All telephone numbers must include area codes.
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This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. Marshals Service, Attn: TOD-Special Deputation Unit, 2604 Jefferson Davis Highway, Alexandria, VA 22301.

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U.S. Department of Justice
United States Marshals ServiceApplication for Special Deputation/
Sponsoring Federal Agency Information

1. Applicant Name (Last, First, MI): (b)(6)		2. Date of Birth: (b)(6)	3. SSN (Last 4 Digits): (b)(6)
4. Employer: U.S. Nuclear Regulatory Commission, Office of Investigations			
5. Employer Address - Street: 245 Peachtree Center Ave NE, Marquis I Tower, Suite 1200		6. City: Atlanta	7. State: GA
8. ZIP Code: 30303			
9. Work Telephone: (b)(6)		10. E-mail Address: (b)(6)@nrc.gov	
11. Job Title (with employer indicated on Page 1, Question 4; Cannot be Task Force Officer): Criminal Investigator (Special Agent)			12. Job Series (If Federal Employee): 1811
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 13. I am a citizen of the United States (includes naturalized citizen).			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 14. I am employed full-time by a federal, state, local or tribal law enforcement agency, or an agency approved by the DOJ.			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 15. I have successfully completed the following basic law enforcement training program or military equivalent (EXCEPTION: Executive Office of United States Attorney). If not, state what course you have completed that is (FLETC) comparable and provide documentation and/or certificate of completion: Academy: <u>Federal Law Enforcement Training Center (FLETC)</u> Course Name: <u>Criminal Investigator Training Program (CITP)</u> Location (City, State): <u>Glynco, GA</u> Completion Date (Month/Year): <u>(b)(6)</u>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 16. I had a 5-year break in law enforcement, however, I have completed a law enforcement refresher course within the past year of signing this application (attach certificate): Agency: _____ Course Name: _____ Location (City, State): _____ Completion Date (Month/Year): _____			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17. I have at least one year of basic law enforcement experience to include general arrest authority. (If no general arrest authority, provide letter explaining what your authority was or is.) Agency: <u>(b)(6)</u> Location (City, State): <u>(b)(6)</u> Dates (Month/Year - Month/Year): <u>(b)(6)</u>			
<input checked="" type="checkbox"/> True <input type="checkbox"/> False 18. I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C. Section 922 (g)(9) Lautenberg Amendment.			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 19. I have qualified with my primary authorized firearm. Give full description (firearm manufacturer, model, caliber): Description: <u>Glock 27 (.40 caliber)</u> Qualification Date (Month/Day/Year): <u>(b)(6)</u> (Qualification date must be within 6 months of application date.)			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 20. I have read and I agree to comply with the deadly force policy of either my agency or the Department of Justice.			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 21. I have included a copy of my employer's authorization letter stating that they concur with my participation and that the applicant has no internal investigations pending within the organization.			
To be completed by Protection Details only (person/building/assets/artifacts, etc.):			
<input type="checkbox"/> Yes <input type="checkbox"/> No 22. I have successfully completed the following basic protective services training program (or other (FLETC) comparable course) and have included a copy of my completion certificate/documentation. Course Name: _____ Location (City, State): _____ Completion Date (Month/Year): _____			
23. I certify that the above statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)			
Signature of Applicant: <u>(b)(6)</u>			Date: <u>04/28/2016</u>

SPONSORING FEDERAL AGENCY INFORMATION - To be completed by the sponsoring agency point of contact and signed by the sponsor.

1. Sponsoring Agency Name: U.S. Nuclear Regulatory Commission		2. Sponsoring District: Northern District of Georgia		3. Applicant's District (District of Swearing-In Location): Northern District of Georgia	
4. Name of Sponsor: Robert C. Goetz, Assistant to the Director			5. Agency Phone Number: 301-415-2373		
6. Sponsoring Agency Address - Street: 11555 Rockville Pike		7. City: Rockville		8. State: MD	9. ZIP Code: 20852
10. Name of District Contact: [Redacted]		11. Telephone: [Redacted]		12. E-mail Address: [Redacted]@nrc.gov	
13. Name of Sponsored Applicant: [Redacted]			14. Applicant Employer: U.S. Nuclear Regulatory Commission		

15. Type of Request: ☒ First Time ☐ Renewal (Must be submitted 60 days prior to expiration date) - Exp. Date (MM/YY): _____

16. Task Force Name:

NA

17. State sole purpose of Special Deputation. Explain the need and justification for the deputation, to include the name of the task force, operation, or special project.

OI Special Agents are frequently placed in potentially harmful situations, as part of the work they perform and the laws and regulations they enforce. OI Special Agents are charged with ensuring safety of the public, as well as themselves. OI Special Agents frequently assume responsibility for the safety of other NRC employees and perform other duties, including, but not limited to, surveillance, service of subpoenas, search warrants, license revocations, interviewing and contacting hostile subjects and witnesses (some of whom have outstanding arrest warrants), and assisting other law enforcement agencies. Due to the limited size of the OI workforce and large geographic areas covered by the NRC, OI Special Agents often work alone under these conditions.

Provide full details and supporting documentation for all "NO" answers:

- ☒ Yes ☐ No 18. I have reviewed the Application for Special Deputation / Sponsoring Federal Agency Information (Form USM-3A) submitted by the applicant for Special Deputation and verify that the statements submitted by the applicant are true and correct.
- ☒ Yes ☐ No 19. I have ensured the applicant has read and understood the current deadly force policy from the Sponsoring Agency or from the Department of Justice.
- ☒ Yes ☐ No 20. I have included a copy of the applicant's employer's authorization letter stating that they concur with the applicant's participation and that the applicant has no internal investigations pending within his/her organization.
- ☐ Yes ☐ No 21. **USMS ONLY** - I have attached a copy of the favorable adjudication memorandum from the Background Investigations Branch (BIB) and the date of adjudication. (MANDATORY for unescorted access to USMS space and use of IT systems.)
Date (Month/Day/Year): _____ (If no favorable adjudication, please indicate "N/A" on the date line.)
- ☐ Yes ☐ No 22. **USMS ONLY** - I have provided the applicant with a copy of the Memorandum of Understanding (MOU) between the USMS and the applicant's employer.
- ☐ Yes ☐ No 23. **USMS ONLY** - I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the oral or written approval of the USMS Investigative Operations Division, Technical Operations Group.
- ☒ Yes ☐ No 24. **ALL OTHER AGENCIES** - I understand that Special Deputy United States Marshals, acting under the authority of their federal deputation, are prohibited from conducting electronic surveillance in non-USMS investigations.

25. I certify that the above statements are true and accurate and that I have reviewed the applicant's statements. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

Signature of Sponsor: **Robert C. Goetz**
Digitally signed by Robert C. Goetz
DN: cn=Robert C. Goetz, o=U.S. Nuclear Regulatory Commission,
ou=Office of Inspection and Investigations, email=robert.goetz@nrc.gov,
c=US

Date: 04/28/2016

[CLICK HERE to submit form to SpecDep@usdoj.gov](mailto:SpecDep@usdoj.gov) (Attach any supporting documentation)SDU Staff Only: ☐ Approval ☐ Disapproval ☐ Application Incomplete ☐ Other

Signature of Chief, Special Deputation Unit: _____

Date: _____

INSTRUCTIONS TO COMPLETE THIS FORM

1. Applications are only accepted via e-mail (to Spec.Dep@usdoj.gov) from the Sponsoring Agency.
2. Applicants must be provided with a copy of the U.S. Marshals Service deadly force policy from the sponsoring agency or from the Department of Justice.
3. Applicants must be sponsored by a Federal Law Enforcement Agency.
4. Renewal requests must be received 60 days prior to the expiration of the current Special Deputation expiration date.
5. Complete all fields. Type or print legibly in blue or black ink. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A").
6. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.
7. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.
8. All telephone numbers must include area codes.
9. Provide a copy of the applicant's employer authorization letter on official letterhead. The letter must indicate that the employer concurs with the employee's participation and that the applicant has no pending internal investigations with the organization. Letter must be signed and dated within two months of receipt of this application by the U.S. Marshals Service.

Privacy Act Statement

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This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

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U.S. Department of Justice
United States Marshals Service

Application for Special Deputation/ Sponsoring Federal Agency Information

1. Applicant Name (Last, First, MI): (b)(6)	2. Date of Birth: (b)(6)	3. Social Security Number: (b)(6)
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4. Employer:

U.S. NUCLEAR REGULATORY COMMISSION - OFFICE OF INVESTIGATIONS

5. Employer Address - Street: 1600 EAST LAMAR BLVD.	6. City: ARLINGTON	7. State: TEXAS	8. ZIP Code: 76011
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9. Work Telephone: (b)(6)	10. E-mail Address: (b)(6)@nrc.gov
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11. Job Title: Special Agent	12. Job Series (If Federal Employee): 1811
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☒ Yes ☐ No 13. I am a citizen of the United States (includes naturalized citizen).

☒ Yes ☐ No 14. I am employed full-time by a federal, state, local or tribal law enforcement agency, or an agency approved by the DOJ.

☒ Yes ☐ No 15. I have successfully completed the following basic law enforcement training program or military equivalent (EXCEPTION: Executive Office of United States Attorney). If not, state what course you have completed that is (FLETC) comparable and provide documentation and/or certificate of completion:

Academy: (b)(6) Course Name: New Agent Training Class 95-15
Location (City, State): (b)(6) Completion Date (Month/Year): (b)(6)

☐ Yes ☒ No 16. I had a 5-year break in law enforcement, however, I have completed a law enforcement refresher course within the past year of signing this application (attach certificate):

Agency: _____ Course Name: _____
Location (City, State): _____ Completion Date (Month/Year): _____

☒ Yes ☐ No 17. I have at least one year of basic law enforcement experience to include general arrest authority. (If no general arrest authority, provide letter explaining what your authority was or is.)

Agency: (b)(6) Location (City, State): (b)(6)
Dates (Month/Year - Month/Year): (b)(6)

☒ True ☐ False 18. I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C. Section 922 (g)(9) Lautenberg Amendment.

☒ Yes ☐ No 19. I have qualified with my primary authorized firearm. Give full description (firearm manufacturer, model, caliber):

Description: Glock Model 22 (.40 Caliber)
Qualification Date (Month/Day/Year): (b)(6) (Qualification date must be within 6 months of application date.)

☒ Yes ☐ No 20. I have read and I agree to comply with the deadly force policy of either my agency or the Department of Justice.

☒ Yes ☐ No 21. I have included a copy of my employer's authorization letter stating that they concur with my participation and that the applicant has no internal investigations pending within the organization.

To be completed by Protection Details only (person/building/assets/artifacts, etc.):

☐ Yes ☐ No 22. I have successfully completed the following basic protective services training program. If not, state what course you have completed that is (FLETC) comparable and provide documentation and/or certificate of completion.

Course Name: _____ Location (City, State): _____
Completion Date (Month/Year): _____ (Attach certificate.)

23. I certify that the above statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

Signature of Applicant

(b)(6)

Date: 03/29/2016

SPONSORING FEDERAL AGENCY INFORMATION - To be completed by the sponsoring agency point of contact and signed by the sponsor.

1. Sponsoring Agency Name: U.S. Nuclear Regulatory Commission		2. Sponsoring District: Northern District of Texas	
3. Name of Sponsor: Robert C. Goetz, Assistant to the Director		4. Agency Phone Number: 301-415-2373	
5. Sponsoring Agency Address - Street: 11555 Rockville Pike	6. City: Rockville	7. State: MD	8. ZIP Code: 20852
9. Name of District Contact: (b)(5)	10. Telephone: (b)(5)	11. E-mail Address: (b)(5)@nrc.gov	
12. Name of Sponsored Applicant: (b)(5)		13. Applicant Employer: U. S. Nuclear Regulatory Commission	
14. Type of Request: <input type="checkbox"/> First Time <input checked="" type="checkbox"/> Renewal (Must be submitted 60 days prior to expiration date) - Exp. Date (MM/YY): 07/2016			

15. State sole purpose of Special Deputation. Explain the need and justification for the deputation, to include the name of the task force, operation, or special project.

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<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	16. I have reviewed the Application for Special Deputation / Sponsoring Federal Agency Information (Form USM-3A) submitted by the applicant for Special Deputation and verify that the statements submitted by the applicant are true and correct.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	17. I have ensured the applicant has read and understood the current deadly force policy from the Sponsoring Agency or from the Department of Justice.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	18. I have included a copy of the applicant's employer's authorization letter stating that they concur with the applicant's participation and that the applicant has no internal investigations pending within his/her organization.
<input type="checkbox"/> Yes <input type="checkbox"/> No	19. USMS ONLY - I have attached a copy of the favorable adjudication memorandum from the Personnel Security Branch (PSB) and the date of adjudication. (MANDATORY for unescorted access to USMS space and use of IT systems.) Date (Month/Day/Year): _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	20. USMS ONLY - I have provided the applicant with a copy of the Memorandum of Understanding (MOU) between the USMS and the applicant's employer.

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Signature of Sponsor: **Robert C. Goetz** Digitally signed by Robert C. Goetz
DN: cn=Robert C. Goetz, o=U.S. Nuclear Regulatory Commission,
c=US, email=robert.c.goetz@nrc.gov, ou=US NRC, ou=US NRC, ou=US NRC Date: 03/29/2016

[CLICK HERE to submit form to SpecDep@usdoj.gov](mailto:SpecDep@usdoj.gov) (Attach any supporting documentation)

SDU Staff Only: ☐ Approval ☐ Disapproval ☐ Application Incomplete ☐ Other

Signature of Chief, Special Deputation Unit: _____ Date: _____

INSTRUCTIONS TO COMPLETE THIS FORM

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 2. Applicants must be sponsored by a Federal Law Enforcement Agency.
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 6. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.
 7. All telephone numbers must include area codes.
 8. Provide a copy of the applicant's employer authorization letter on official letterhead. The letter must indicate that the employer concurs with the employee's participation and that the applicant has no pending internal investigations with the organization.
-

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Dear FOIA Requester:

The FOIA Improvement Act of 2016, which was enacted on June 30, 2016, made several changes to the Freedom of Information Act (FOIA). Federal agencies must revise their FOIA regulations to reflect those changes by December 27, 2016. In addition to revising our regulations, we intend to update the Form 464, which we use to respond to FOIA requests.

In the interim, please see the comment box in Part I.C of the attached Form 464. The comment box includes information related to the recent changes to FOIA that is applicable to your FOIA request, including an updated time period for filing an administrative appeal with the NRC.

Sincerely yours,

Stephanie Blaney /S/

Stephanie Blaney
FOIA Officer (Acting)