

# DIA DAC-2 CERTIFIED SCIF INSPECTOR

## NOMINATION FORM

### Candidate Contact Information:

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

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



### Mailing Address (for CSI Certificate Delivery):

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

### Location of CSI Training:

City: \_\_\_\_\_  
State: \_\_\_\_\_  
Military Installation: \_\_\_\_\_

### Pre-Requisite Information (\*):

Date completed ICD 705 course or equivalent: \_\_\_\_\_ (MM/YY)

Date completed SCI Officials course or equivalent: \_\_\_\_\_ (MM/YY)

Number of years experience as Security Official: \_\_\_\_\_

Number of facilities under your cognizance: \_\_\_\_\_

### Brief Justification for Nomination:

### FOR HQDA SSO USE ONLY

\_\_\_\_\_  
*Clifford McCoy*  
*Chief, SCI Policy Branch*

\_\_\_\_\_  
Date

\* NOTE: ACOM, ASCC, and DRU Command SIOs and SCI Program Managers can nominate personnel for this course/certification.