

<b>FORM PROCESSING ACTION REQUEST</b> <i>(Read Instructions in DoD 7750.7-M before completing this form)</i>		<b>1. TYPE SUBMISSION (X one)</b> <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISION <input type="checkbox"/> CANCELLATION <input type="checkbox"/> OTHER (Specify)			<b>2. FORM DESIGNATION AND NUMBER</b> (Leave blank if a new form)		<b>3. DATE OF FORM</b> (Complete only when cancelling a form)					
		<b>4. FROM</b> (DoD Component OPR Organization and complete mailing address) Office of the Assistant Secretary of the Army (AL&T); 103 Army Pentagon Washington, DC 20310-0103			<b>5. THRU</b> (DoD Component FMO Organization and complete mailing address)			<b>6. TO</b> (Organization and complete mailing address) Defense Procurement & Acquisition Policy Room 3E1044; 3060 Defense Pentagon Washington, DC 20301-3060				
		<b>7. FORM TITLE</b> Credit Worthiness Evaluation				<b>8. SUPERSEDED FORMS</b> (If applicable)						
<b>9. PRESCRIBING DOCUMENT NUMBER</b> (Attach copy) PL 108-87 and PL 108-136		<b>10. FUNCTIONAL CODE</b> (Leave blank if a new form)		<b>11. TYPE OF FORM</b> (X one) <input checked="" type="checkbox"/> PRESCRIBED <input type="checkbox"/> ADOPTED		a. FORM NUMBER		b. EDITION DATE		c. DISPOSITION (X one) <input type="checkbox"/> (1) USE <input type="checkbox"/> (2) DO NOT USE		
<b>12. DESIGN CONSIDERATIONS</b>												
a. SUGGESTED SIZE (Width) (Length) 8.5   11		b. SPECIAL CONSTRUCTION REQUIRED (X one) <input checked="" type="checkbox"/> YES, (If Yes, attach printing specifications) <input type="checkbox"/> NO		c. IS FORM CLASSIFIED? (X as applicable) WHEN BLANK? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES WHEN FILLED IN?		d. IS FORM CONTROLLED? (X as applicable) <input type="checkbox"/> SAFEGUARD <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> SERIALLY NUMBERED		e. IS FORM AUTHORIZED FOR ELECTRONIC GENERATION? (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO WITH STIPULATIONS				
<b>13. PURPOSE AND DESCRIPTION OF USE</b> (Attach additional sheet, if necessary) To comply with the statutory requirement to evaluate the creditworthiness of an individual prior to issuance of a government purchase or travel charge card. Approval to conduct a credit check is part of the application process for an individually billed travel charge card. However, individual consent is required. There is currently no contractual provision for credit checks for issuance of purchase cards or centrally billed travel cards. In addition, there is no statutory authority to require a credit check be conducted without individual consent. Therefore, in order to evaluate the creditworthiness of an individual in the absence of a credit check, the attached new form, which supports a voluntary self-certification program, is proposed. Individuals who provide false information in certifying to their creditworthiness would be subject to disciplinary action.												
<b>14. INTERNAL COORDINATION AND CONCURRENCE</b>												
					(2) APPLICABLE (Yes or No)		(3) REMARKS (Enter Reports Control Number(s) and expiration date(s), if applicable)					
(1) COORDINATOR												
NAME					INITIALS		OFFICE SYMBOL		TELEPHONE NUMBER (Include DSN/Area Code)			
a. PRIVACY ACT									YES			
b. POSTAL									NO			
c. DATA ELEMENTS									YES			
d. REPORTS									NO			
INTERAGENCY									NO			
RCS									YES			
OMB												
<b>15. EXTERNAL COORDINATION AND CONCURRENCE</b> (Not required for SD, DoD Component, or Command forms)												
a. DOD COMPONENT		b. COORDINATOR			c. ESTIMATED ANNUAL USAGE			d. IF REVISION, QTY EXISTING FORMS ON HAND				
NAME		INITIALS		OFFICE SYMBOL		TELEPHONE NUMBER (Include DSN/Area Code)						
OUSD(AT&L)		Nieder A. Lee		* WQA								
<i>Understand form cannot be used for Civ Personnel until bagging complete. Must make direction clear.</i>												
<b>CERTIFICATION OF DOD COMPONENT OPR AND/OR ACTION OFFICER, APPROVING OFFICIAL, AND FMO</b> I hereby certify that all of the above coordinations have been completed as indicated.												
<b>16. DOD COMPONENT OPR AND/OR ACTION OFFICER</b>												
a. TYPED NAME				b. SIGNATURE				c. TELEPHONE NO.				
<b>17. DOD COMPONENT APPROVING OFFICIAL</b>												
a. SIGNATURE				b. DATE SIGNED				<b>18. DOD COMPONENT AND/OR COMMAND FORMS MANAGEMENT OFFICER</b>				
a. SIGNATURE				b. DATE SIGNED				c. DATE SIGNED				
<b>19. APPROVING FORMS MANAGEMENT OFFICER</b>												
a. TYPED NAME				b. SIGNATURE				c. DATE SIGNED				