



DEPARTMENT OF VETERANS AFFAIRS
OFFICE OF OPERATIONS, SECURITY, AND PREPAREDNESS
WASHINGTON DC 20420

February 22, 2012

Mr. Scott A. Hodes
P.O. Box 42002
Washington, DC 20015

Dear Mr. Hodes:

This is a follow-up to the January 19, 2012, letter to you in response to your December 5, 2011, FOIA request which was received by this office, Security and Law Enforcement (OS&LE) on December 6, 2011, for records maintained by the Office of Security and Law Enforcement (OS&LE) and Law Enforcement Training Center (LETC).

As indicated in the January 19th response to you, we did consult with the US Marshals Service (USMS) for release by VA of the USMS application for special deputation form. USMS has no objection to VA's release of the form, as proposed. Therefore the enclosed US Marshals Service Form 3A, submitted by OS&LE for the special deputation of the criminal investigators (classification title), inspectors /special agents (organizational title) is provided. Personal information is redacted on the second page in accordance with FOIA exemption (b)(6) (5 U.S.C. Sec. 552(b)(6)). Since all applications are the same, only one is being enclosed with the justification found on the second page.

If you wish to appeal this determination, please send the appeal to the Office of General Counsel within sixty (60) calendar days of the date of this letter to Office of General Counsel (OGC/024), 810 Vermont Avenue, N.W., Washington, DC, 20420, or to OGC's FOIA appeal email address listed on VA's FOIA home page.

Sincerely

A handwritten signature in cursive script, reading "Tanya Al-Khateeb", is positioned above the typed name.

Tanya Al-Khateeb
Office of Security & Law Enforcement
FOIA Officer

Enclosure



Application for Special Deputation / Sponsoring Federal Agency Information

PLEASE TYPE OR PRINT CLEARLY. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. DO NOT USE ACRONYMS.

Applicant Name: _____ DOB: _____ SSN: _____
Employer: _____ Employer Address: _____
Work Telephone: _____ E-mail: _____
Job Title: _____ Job Series (If Federal Employee): _____

To be completed by the applicant. Provide full details and supporting documentation when applicable.

- YES NO I am a citizen of the United States (includes naturalized citizens).
- YES NO I am employed full-time by a federal, state, local or tribal law enforcement agency, or an agency approved by the DOJ.
- YES NO 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: _____ Course Name: _____
Location (City and State): _____ Completion Date (Month/Year): _____
- YES NO 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):
Academy: _____ Course Name: _____
Location (City and State): _____ Completion Date (Month/Year): _____
- YES NO 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 and State): _____
Dates (Month/Year - Month/Year): _____
- YES NO 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 I have qualified with my primary authorized firearm. Give full description (firearm manufacturer, model, caliber):
Description: _____
Qualification Date (Month/Day/Year): _____ (Qualification date must be within 6 months of application date.)
- YES NO I have read and I agree to comply with the deadly force policy of either my agency or the Department of Justice.
- YES NO 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 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 and State): _____
Date Completed (Month/Year): _____ (Attach certificate.)

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: _____

Application for Special Deputation / Sponsoring Federal Agency Information (cont.)

SPONSORING FEDERAL AGENCY INFORMATION

To be completed by the sponsoring agency point of contact and signed by the sponsor. Type or print clearly in black ink.

Sponsoring Agency Name: Department of Veterans Affairs Sponsoring District: D/DC District of Columbia
Name of Sponsor: [Redacted] Agency Phone Number: (202) [Redacted]
Sponsoring Agency Address: 810 Vermont Avenue N.W. City: Washington State: DC ZIP: 20420
Name of District Contact: [Redacted] Telephone: (202) [Redacted] Email: [Redacted]
Name of Sponsored Applicant: [Redacted] Applicant Employer: Department of Veterans Affairs
Type of request: [] First Time [X] Renewal (Must be submitted prior to 60 days of expiration date.) Expiration Date (Month/Year): Dec / 2011
State sole purpose of Special Deputation (explaining the need and justification for the deputation, to include the name of the task force, operation or special project):

Justification:
X - To protect persons under federal assault statutes - Executive Level - Cabinet
X - Other: "Valid only while providing protection for the Secretary and Deputy Secretary of the Department of Veterans Affairs."

Sponsoring Agency/USMS: Provide full details and supporting documentation for all "NO" answers.

- [X] YES [] NO 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.
[X] YES [] NO I have ensured the applicant has read and understood the current deadly force policy from the Sponsoring Agency or from the Department of Justice.
[X] YES [] NO 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.

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: [Redacted] Date: 11/09/2011
Printed Name of Sponsor: [Redacted]

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

- [] YES [] NO 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 I have provided the applicant with a copy of the Memorandum of Understanding (MOU) between the USMS and the applicant's employer.

SDU Staff Only: [] Approval [] Disapproval [] Application Incomplete [] Other

Signature: Chief, Special Deputation Unit: Date: