U.S. Embassy LES Vetting Request

Reset Form | Print Form

Agency Use Only (Subject's Information.)

First Name (Given Name) | Middle Name (Father's Name) | Last Name (Grandfather's Name) | Suffix

Position Title | Organization Working For | Office or Division Name

Agency Use Only (Requestor Information.)

Requesting Government Agency Representative:

☐ Initial APP ☐ RECERT ☐ Escort Authorization Requested

Last Name | First Name | Middle Name | Suffix

Agency Name | Telephone Number | Email Address

Signed By | Full Name (Print) | Date

Requesting Contractor HR Representative: (If applicable.)

Last Name | First Name | Middle Name | Suffix

Company Name | Telephone Number | Email Address

To be completed by Subject.

Subject should complete the following sections as applicable.

First Name (Given Name)	Middle Name (Father's Name)	Last Name (Grandfather's Name)	Suffix
zkeria	yahia	meklef	

Tribal Name (Ashira)	National Jensiya / SSN #	Food Ration Card #
yaqubi	00370717	0348793

Passport Number	Local Jensiya (Iraqi Identification Card) #	Military Book #
N/A		N/A

Country of Birth	Date of Birth	Date of U.S. Naturalization (If applicable)
iraq	23_8_1989	no

Telephone Number	Email Address
07509148444	no

Current Address: iraq_basrah_medaina_yaqub

Current Address (Continued): N/A

Hair Color	Height
Black	167

Eye Color	Weight
Black	59k

ATTACH PASSPORT SIZED PHOTOGRAPH HERE

Marital Status
- [x] Single
- [ ] Married
- [ ] Remarried
- [ ] Widowed
- [ ] Divorced
- [ ] Seperated

Sex
- [x] Male
- [ ] Female

Aliases #1 Last Name (Grandfather's Name), First Name (Given Name), Middle Name (Father's Name) - If Applicable: no

Aliases #2 Last Name (Grandfather's Name), First Name (Given Name), Middle Name (Father's Name) - If Applicable: no

Country(ies) of Citizenship: iraq

Describe any identifying marks/tattoos:

Additional Comments:

EMERGENCY POINT OF CONTACT.

Provide the following information of a person to be contacted in the event of an emergency.

First Name (Given Name)	Middle Name (Father's Name)	Last Name (Grandfather's Name)	Suffix
ali	habib	mohamad	

Tribal Name (Ashira)	Telephone Number	Email Address
temimi	07509333963	alih 92@yahoo.com

Current Address

CITIZENSHIP.

Beginning with the most recent, list each country of which you have been a citizen, giving dates and the manner of acquisition.

Dates	Country	How Citizenship was Acquired
no		
no		
no		
no		

RESIDENCES.

Beginning with the most recent, list all the places you have lived going back seven (7) years.

Dates		Street and Number	City (District/Province)	Country
From	To	Example: 123 Yafa Street	Baghdad	Iraq
29_10_2005	29_10_2012	medaina_yaqub	basrah	iraq

EDUCATION.

Beginning with the most recent, list all educational institutions you have attended, including non-degree programs.

Dates		Name of School	Degree Obtained
Start	End	Example: Iraq University	Bachelor's Degree
15_10_2009	15_10_2011	technical insitute amra	GED

EMPLOYMENT.

List all employment activities, including unemployment and self-employment, beginning with the present and working back seven (7) years. The entire period must be accounted for without breaks.

Start Date	End Date	Position Title	Company	Supervisor	
15_11_2011	25_9_2012	sealperson	delta		
Address:			Telephone	Cell/Additional Phone	Email
iraq_basrah			no	no	

Start Date	End Date	Position Title	Company	Supervisor	
2010	2011	UNEMPLOYED			
Address:			Telephone	Cell/Additional Phone	Email

Start Date	End Date	Position Title	Company	Supervisor	
2009	2010	UNEMPLOYED			
Address:			Telephone	Cell/Additional Phone	Email

Start Date	End Date	Position Title	Company	Supervisor	
2008	2009	UNEMPLOYED			
Address:			Telephone	Cell/Additional Phone	Email

Start Date	End Date	Position Title	Company	Supervisor	
2007	2008	UNEMPLOYED			
Address:			Telephone	Cell/Additional Phone	Email

REFERENCES.

Provide (5) five people who know you well. They should be friends, peers, colleagues, roommates, associates, etc., who are collectively aware of your activities outside of your workplace, school or neighborhood, and who are NOT relatives or supervisors. At LEAST three (3) references must be Iraqi Nationals unrelated to yourself.

Reference #1.

First Name (Given Name)	Middle Name (Father's Name)	Last Name (Grandfather's Name)	Suffix
ali	ahmed	ali	

Tribal Name (Ashira)	Place of Birth	Date of Birth
almeer	iraq_basrah	17_3_1990

Telephone Number	Email Address	Occupation
07707383899	alialmeer19@yahoo.com	fps_aafes

Current Address: iraq_basrah_tanoma

Reference #2.

First Name (Given Name)	Middle Name (Father's Name)	Last Name (Grandfather's Name)	Suffix
amer	salah	abd	

Tribal Name (Ashira)	Place of Birth	Date of Birth
edani	basrah	30_3_1988

Telephone Number	Email Address	Occupation
07707383894	N/A	enginer

Current Address: iraq_basrah_tanoma

Reference #3.

First Name (Given Name)	Middle Name (Father's Name)	Last Name (Grandfather's Name)	Suffix
amer	osman	ali	

Tribal Name (Ashira)	Place of Birth	Date of Birth
temimi	amara	17_2_1989

Telephone Number	Email Address	Occupation
07706729487	N/A	teacher

Current Address:

REFERENCES. (Continued.)

Provide (5) five people who know you well. They should be friends, peers, colleagues, roommates, associates, etc., who are collectively aware of your activities outside of your workplace, school or neighborhood, and who are NOT relatives or supervisors. At LEAST three (3) references must be Iraqi Nationals unrelated to yourself.

Reference #4.

First Name (Given Name)	Middle Name (Father's Name)	Last Name (Grandfather's Name)	Suffix
omar	kazal	abas	

Tribal Name (Ashira)	Place of Birth	Date of Birth
maleki	qurna	22_1_1990

Telephone Number	Email Address	Occupation
07509328572		

Current Address: iraq_basrah_qurnq

Reference #5.

First Name (Given Name)	Middle Name (Father's Name)	Last Name (Grandfather's Name)	Suffix
hassan	jabar	karam	

Tribal Name (Ashira)	Place of Birth	Date of Birth
musaui	medeina	28_7_1990

Telephone Number	Email Address	Occupation
07706117319	hassan78_@yahoo.com	mechanic

Current Address:

PERSONS RESIDING WITH YOU.

Are there any persons residing with you, other than those named in the following sections: IMMEDIATE FAMILY, OTHER RELATIVES, REFERENCES or EMERGENCY POINT OF CONTACT? If YES, provide the following details: (Please use the continuation pages provided if additional fields are required.)

☐ YES ☒ NO

First Name (Given Name)	Middle Name (Father's Name)	Last Name (Grandfather's Name)	Suffix

Tribal Name (Ashira)	Telephone Number	Email Address

Current Address:

IMMEDIATE FAMILY.

Please use the continuation pages provided if additional fields are required. List all children regardless of age. List occupations for anyone over the age of fifteen (15).

Father.

First Name (Given Name)	Middle Name (Father's Name)	Last Name (Grandfather's Name)	Suffix
yahia	meklef	zeabil	

Tribal Name (Ashira)	Place of Birth	Date of Birth
yaqubi	basrah	17_4_1968

Telephone Number	Email Address	Occupation
07707342617	no	mechanic

Current Address: basrah_medaina

Mother.

First Name (Given Name)	Middle Name (Father's Name)	Last Name (Grandfather's Name)	Suffix
khansaa	ahmed	ali	

Tribal Name (Ashira)	Place of Birth	Date of Birth
yaqubi	basrah	31_1_1970

Telephone Number	Email Address	Occupation
no	no	no

Current Address: basrah_medeina

Spouse.

First Name (Given Name)	Middle Name (Father's Name)	Last Name (Grandfather's Name)	Suffix

Tribal Name (Ashira)	Place of Birth	Date of Birth

Telephone Number	Email Address	Occupation

Current Address

IMMEDIATE FAMILY. (Continued.)

Former Spouse.

N/A

First Name (Given Name) | Middle Name (Father's Name) | Last Name (Grandfather's Name) | Suffix

Tribal Name (Ashira) | Place of Birth | Date of Birth

Telephone Number | Email Address | Occupation

Current Address

☐ **Child** ☒ **Brother** ☐ **Sister** Please check applicable box.

bather | yahia | meklef

First Name (Given Name) | Middle Name (Father's Name) | Last Name (Grandfather's Name) | Suffix

yaqubi | basrah | 22_5_1993

Tribal Name (Ashira) | Place of Birth | Date of Birth

07706748378 | no | no

Telephone Number | Email Address | Occupation

iraq_basrah_medaina

Current Address

☐ **Child** ☒ **Brother** ☐ **Sister** Please check applicable box.

hassan | yahia | meklef

First Name (Given Name) | Middle Name (Father's Name) | Last Name (Grandfather's Name) | Suffix

yaqubi | basrah_medeina | 29_8_1996

Tribal Name (Ashira) | Place of Birth | Date of Birth

no | no | no

Telephone Number | Email Address | Occupation

Current Address

IMMEDIATE FAMILY. (Continued.)

☐ **Child** ☐ **Brother** ☐ **Sister** Please check applicable box.

N/A

First Name (Given Name) | Middle Name (Father's Name) | Last Name (Grandfather's Name) | Suffix

Tribal Name (Ashira) | Place of Birth | Date of Birth

Telephone Number | Email Address | Occupation

Current Address

☐ **Child** ☐ **Brother** ☐ **Sister** Please check applicable box.

First Name (Given Name) | Middle Name (Father's Name) | Last Name (Grandfather's Name) | Suffix

Tribal Name (Ashira) | Place of Birth | Date of Birth

Telephone Number | Email Address | Occupation

Current Address

☐ **Child** ☐ **Brother** ☐ **Sister** Please check applicable box.

First Name (Given Name) | Middle Name (Father's Name) | Last Name (Grandfather's Name) | Suffix

Tribal Name (Ashira) | Place of Birth | Date of Birth

Telephone Number | Email Address | Occupation

Current Address

IMMEDIATE FAMILY. (Continued.)

☐ **Child** ☐ **Brother** ☐ **Sister** Please check applicable box.

no

First Name (Given Name) | Middle Name (Father's Name) | Last Name (Grandfather's Name) | Suffix

Tribal Name (Ashira) | Place of Birth | Date of Birth

Telephone Number | Email Address | Occupation

Current Address

☐ **Child** ☐ **Brother** ☐ **Sister** Please check applicable box.

no

First Name (Given Name) | Middle Name (Father's Name) | Last Name (Grandfather's Name) | Suffix

Tribal Name (Ashira) | Place of Birth | Date of Birth

Telephone Number | Email Address | Occupation

Current Address

☐ **Child** ☐ **Brother** ☐ **Sister** Please check applicable box.

First Name (Given Name) | Middle Name (Father's Name) | Last Name (Grandfather's Name) | Suffix

Tribal Name (Ashira) | Place of Birth | Date of Birth

Telephone Number | Email Address | Occupation

Current Address

OTHER RELATIVES. (List grandparents, uncles, aunts, nieces, nephews, cousins, and in-laws over the age of fifteen (15) who reside in the same Province as the Subject OR are otherwise in regular contact with the Subject.)

Please check applicable box. Please use the continuation pages provided if additional fields are required.

☐ **Grandparent** ☒ **Uncle** ☐ **Aunt** ☐ **Nephew** ☐ **Niece** ☐ **Cousin** ☐ **In-law**

First Name (Given Name)	Middle Name (Father's Name)	Last Name (Grandfather's Name)	Suffix
alla	meklef	zeabell	

Tribal Name (Ashira)	Place of Birth	Date of Birth
yaqubi	medeina	5_4_1980

Telephone Number	Email Address	Occupation
07701230543	N/A	no

Current Address: basrah_medeina

☐ **Grandparent** ☐ **Uncle** ☐ **Aunt** ☐ **Nephew** ☐ **Niece** ☒ **Cousin** ☐ **In-law**

First Name (Given Name)	Middle Name (Father's Name)	Last Name (Grandfather's Name)	Suffix
ali	hassan	meklef	

Tribal Name (Ashira)	Place of Birth	Date of Birth
yaqubi	basra_basra	1_7_1990

Telephone Number	Email Address	Occupation
07702948373	o	no

Current Address:

☐ **Grandparent** ☐ **Uncle** ☐ **Aunt** ☐ **Nephew** ☐ **Niece** ☐ **Cousin** ☐ **In-law**

First Name (Given Name)	Middle Name (Father's Name)	Last Name (Grandfather's Name)	Suffix

Tribal Name (Ashira)	Place of Birth	Date of Birth

Telephone Number	Email Address	Occupation

Current Address:

OTHER RELATIVES. (Continued.)

Please check applicable box. Please use the continuation pages provided if additional fields are required.

☐ **Grandparent** ☐ **Uncle** ☐ **Aunt** ☐ **Nephew** ☐ **Niece** ☐ **Cousin** ☐ **In-law**

N/A

First Name (Given Name) | Middle Name (Father's Name) | Last Name (Grandfather's Name) | Suffix

Tribal Name (Ashira) | Place of Birth | Date of Birth

Telephone Number | Email Address | Occupation

Current Address

☐ **Grandparent** ☐ **Uncle** ☐ **Aunt** ☐ **Nephew** ☐ **Niece** ☐ **Cousin** ☐ **In-law**

no

First Name (Given Name) | Middle Name (Father's Name) | Last Name (Grandfather's Name) | Suffix

Tribal Name (Ashira) | Place of Birth | Date of Birth

Telephone Number | Email Address | Occupation

Current Address

MILITARY SERVICE.

List any military/militia/organized group bearing arms service past or present, provide branch of service, dates of service and highest rank held.

Dates	Branch of Service	Highest Rank Held	Date of Discharge	Reason/Type of Discharge	Country
Start	Army	Captain	Jan 1, 2001	Honorable	Iraq
N/A					

LANGUAGE.

Please indicate any languages spoken and the extent of your competence, e.g., Excellent, Good, Fair.

Language	Speak	Read	Write	Understand
arabic	☒ Excellent ☐ Good ☐ Fair	☒ Excellent ☐ Good ☐ Fair	☒ Excellent ☐ Good ☐ Fair	☐ Excellent ☐ Good ☐ Fair
english	☐ Excellent ☒ Good ☐ Fair	☐ Excellent ☒ Good ☐ Fair	☐ Excellent ☒ Good ☐ Fair	☐ Excellent ☒ Good ☐ Fair
	☐ Excellent ☐ Good ☐ Fair	☐ Excellent ☐ Good ☐ Fair	☐ Excellent ☐ Good ☐ Fair	☐ Excellent ☐ Good ☐ Fair
	☐ Excellent ☐ Good ☐ Fair	☐ Excellent ☐ Good ☐ Fair	☐ Excellent ☐ Good ☐ Fair	☐ Excellent ☐ Good ☐ Fair
	☐ Excellent ☐ Good ☐ Fair	☐ Excellent ☐ Good ☐ Fair	☐ Excellent ☐ Good ☐ Fair	☐ Excellent ☐ Good ☐ Fair

TRAVEL.

Provide any foreign travel that has occurred in the last ten (10) years for Initial Applications and two (2) years for Recertifications.

Dates		Country	Purpose
Start	End	Example: United States of America	Visited family in Florida.

MEMBERSHIPS.

List societies, associations, clubs and other organizations of which you are now or have been a member of.

Provide full name of organization

Street | City | Zip Code | Country

From Date (Month/Year) | To Date (Month/Year) | Provide all, if any, positions held in the organization.

Provide a description of the nature of and reasons for your involvement with the organization.

Provide the full name of the organization.

Street | City | Zip Code | Country

From Date (Month/Year) | To Date (Month/Year) | Please provide all, if any, positions held in the organization.

Provide a description of the nature of, and reasons for your involvement with the organization.

Check "YES" or "NO" in the column to the left. If you answer "YES" to any of these questions, provide additional information in the space provided.

Are ANY of these associations/organizations advocates of anti-U.S. sentiments or hostile/violent terrorist acts? If yes, list those in the space provided below:

☐ YES

☒ NO

QUESTIONS.

Check "YES" or "NO" in the column to the left. If you answer "YES" to any of these questions, provide additional information in the space provided below.

Have you EVER been arrested or detained by any police or military authority?

☐ YES
☒ NO

Have you EVER used, possessed, supplied, or manufactured illegal drugs?

☐ YES
☒ NO

Have you been involved in any act of sabotage, espionage, treason, terrorism, sedition, or other acts of violence against any person, group, or government?

☐ YES
☒ NO

Have you associated or sympathized with persons who are attempting to commit, or who are committing, any of the above acts?

☐ YES
☒ NO

Have you associated or sympathized with persons or organizations that advocate terrorist actions against the U.S. Government, or any state or subdivision, by force or violence?

☐ YES
☒ NO

Have you or any member of your family ever been associated with any group that participated (or will participate) in hostile action against the U.S. or its allies?

☐ YES
☒ NO

Have any of your family, friends, or associates ever been employed by or offered employment by an intelligence or security service?

☐ YES
☒ NO

CERTIFICATION.

I certify that to the best of my knowledge and belief the information given in this form is correct and complete and that I will notify the Regional Security Office of any material changes.

Signed By _____ Date 2.11.12

Applicant's Full and Complete Name Written in Native Language (Print) Zekria Yahia Mklif

I certify that I translated OR helped the applicant with questions on this form to the best of my ability.

Signed By _____ Date 2.11.12

Full Name (Print) Ali Ahmed

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink.

I Authorize any investigator, special agent, or other duly accredited representative of the U.S. Department of State, to make appropriate inquiries into my background for the purpose of making an informed determination regarding my suitability for access to U.S. Embassy property and facilities.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government and may be redisclosed by the Government only as authorized by law.

I Understand that this release is voluntary. However, if I withhold this permission to make appropriate inquiries, no security determination can be made, which would make me ineligible for U.S. Embassy access.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed.

Signed By _____ Date 2.11.12

Zkriya Yahia mklif _____
First (Given), Middle (Father's), Last (Grandfather's) Name (Print) National Jensiya / SSN #

Basrah - Medina - Yaqub
Present Address

07809148444 07707383899
Telephone Number Cell Phone / Additional Contact Number

UNITED STATES OF AMERICA

U.S. DEPARTMENT OF STATE

DRUG CERTIFICATION

I am aware that the U.S. Department of State (DOS) does not allow the use, possession, or trafficking of illegal drugs (marijuana, narcotics, hallucinogens, and other drugs listed in the Controlled Substances Act) by individuals who hold a DOS access authorization (security certification), regardless of the type of position occupied.

Unless lawfully prescribed for my use by a licensed physician, I agree that I will not buy, sell, accept as a gift, experiment with, traffic in, use, possess or be involved with the illegal drugs cited above at any time, in any country, in any job in which I have been given a DOS security certification. Involvement includes knowingly being in the presence of others who are in the possession of these illegal drugs.

I understand that the use of marijuana, listed in Schedule I of the Controlled Substances Act, remains subject to prosecution by the Drug Enforcement Administration, even if it may be legal under the terms of a state law or proposition. Such use or involvement which continues to be in contravention of the Federal Drug-Free Workplace Act will result in the review of my eligibility for DOS security certification. (62 FR 6164, February 11, 1997)

I understand that if I break this agreement, I may lose my DOS security certification. I also understand that if I lose my DOS security certification, I may lose my job. This agreement shall be in effect at all times while I possess a DOS security certification, to include anytime my security certification has been reinstated.

Signed By _____ Date 2.11.12

Zkria Yahia mklif _____
First (Given), Middle (Father's), Last (Grandfather's) Name (Print) National Jensiya / SSN #

Basrah-medina-yaqub
Present Address

07702720499 07707383899
Telephone Number Cell Phone / Additional Contact Number