

Examples of Privacy Act of 1974 Implementation

- Teachers' Retirement System (first page is member questionnaire; 2nd page is from the employee manual and gives an explanation of why social security number is requested)
- DEQ Certification Form for water and wastewater operators. No specific reference to Privacy Act but meets mandatory/voluntary reference and explanation of its use. Does not specify statute.
- DEQ Alternative Energy Revolving Loan Program Application (first page asks for social security number and 2nd page at bottom says disclosure is not mandatory; gives reason for request. Notes Privacy Act of 1974)
- DNRC "Work Capacity Text Administrator's Guide" does not request social security number but asks other personal questions. Provides reason the questions are asked and references the Privacy Act of 1974.
- Department of Military Affairs application form for Weapons of Mass Destruction Training Program. Requests social security number and references purpose as well as protection provided by Privacy Act of 1974.



MONTANA TEACHERS' RETIREMENT SYSTEM

1500 E 6TH AVE
PO BOX 200139
HELENA MT 59620-0139
(406) 444-3134

TRS Office Use Only

NEW MEMBER QUESTIONNAIRE

(PLEASE TYPE OR PRINT LEGIBLY IN DARK INK)

Personal Data:

(Name)

(Date of Birth)

(Social Security Number)

(Home Mailing Address)

(City, State & Zip Code)

(_____)_____
(Area Code & Telephone Number)

(Sex M/F)

(Maiden Name)

Are you receiving a monthly benefit from the Montana Teachers' Retirement System (TRS)?

Yes

No

If you are receiving a monthly benefit from the Montana TRS **DO NOT** complete the remainder of this form. However, you are limited to part-time employment, plus a maximum dollar amount, and still receive your monthly benefit. You and your employer *must* contact the TRS to confirm the maximum dollar amount you may earn and still receive your monthly retirement benefit. This completed form must be returned to the school business office, to be retained by the employer.

Are you currently employed in a position covered by the Montana TRS, with TRS contributions being withheld from your wages?

Yes

No

If YES, please indicate the name of your current employer _____

NOTE: If you are a substitute teacher or a part-time teacher's aide and not a member of the TRS, you must also complete a TRS 'Membership Election Substitute Teacher or Part-Time Teacher's Aide' form.

Membership in the TRS is compulsory for persons employed for at least 210 hours during the school year as teachers, principals, vice-principals, district superintendents, county superintendents of schools, teacher's aides, speech therapists, school nurses, school psychologists, guidance counselors and others employed in a teaching or professional position of any public school, state agency or special education cooperative. Upon receipt of your completed 'Record For Membership' form, information regarding your retirement system account will be sent from the TRS office to your home mailing address.

If you were previously employed in a position covered under the Montana TRS and withdrew your account, you are eligible to redeposit this service. Please contact the Montana TRS at (406) 444-3134 to request this or any other information regarding the retirement system.

THIS COMPLETED FORM MUST BE RETURNED TO THE SCHOOL BUSINESS OFFICE. TO BE RETAINED BY THE EMPLOYER

(Signature)

(Date)

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1992,
ALTERNATIVE ACCESSIBLE FORMATS OF THIS DOCUMENT WILL BE PROVIDED UPON REQUEST

COMMUNICATING WITH THE TRS

WRITING TO THE TRS

- Include your full name, Social Security Number and home mailing address on your written request for information or action.
- Sign any request for information or action; and
- Mail your request to:
Teachers' Retirement System
P O Box 200139
Helena, MT 59620-0139
- If you are reporting a death, please include the member's name and Social Security Number.

USE OF SOCIAL SECURITY NUMBERS

- The TRS will use your Social Security Number to ensure that any amounts disbursed under your account are properly reported to the Internal Revenue Service (IRS) and as a reference number for tracking all data with regard to your retirement account.
- IRC Sections 6041 (A), and 6109 authorize the TRS to solicit your Social Security Number.
- The disclosure of your Social Security Number to the TRS is mandatory.



from TRS Employee Manual

VISITING THE TRS OFFICE

We request that a member planning to visit the TRS office call ahead to schedule an appointment. This will enable the TRS staff to review the member's personal records and prepare for the visit.

Office Location: Teachers' Retirement System Building
1500 East Sixth Avenue
Two Blocks East of the Montana State Capital, on the corner of Sixth Avenue and Sanders Street
(See "How to Find the TRS Building" on the inside cover)

Appointment Hours: 9:00 a.m. to 4:00 p.m. Monday through Friday

INTERNET ACCESS TO THE TRS

Information regarding the TRS may be obtained by logging on to our web site at <http://www.trs.mt.gov>. This web site contains information relative to active members, benefit recipients, school business officials and attorneys.

RENEWAL REIMBURSEMENT - FORM A

PLEASE RETURN FORM TO
MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY
Water and Wastewater Operator Certification
1520 East Sixth Avenue, P O Box 200901, Helena, MT 59620-0901

OPERATOR INFORMATION:

OP NUMBER _____ OP NAME _____ Phone # _____

Address _____ City _____ Zip Code _____

SYSTEM INFORMATION:

PWSID # _____ NAME _____ Phone # _____

Address _____ City _____ Zip Code _____

Amount Paid for Water Renewal Certificate _____ Date Paid _____

A Tax ID or Social Security # MUST be provided below for the person or entity receiving the reimbursement. Only the person or entity that paid the renewal fees will be reimbursed for them.

Person/Entity That Paid for the Renewal _____ Social Security/Tax ID _____
(Please Print)

Address to Mail Renewal Reimbursement _____

Operator Signature _____ Date _____

Signature of Employer/System Owner _____ Date _____

THIS BOX FOR OFFICE USE ONLY:	Invoice # _____	Date _____
_____ Operator Status	_____ Expenses for three or fewer operators for each system	
_____ 'C' or 'NTNC'	_____ CEC requirement met	
_____ 3,300 or less people		
_____ Tax ID or Social Security #	Checked By _____	

Montana Department of Environmental Quality Alternative Energy Revolving Loan Program

1100 North Last Chance Gulch
PO Box 200901
Helena, MT 59620-0901
406-841-5243

Please attach the following:

- ✓ Copy of property tax statement covering collateral
- ✓ Attach any useful brochures or manufacturer's data and any dealer or contractor bids
- ✓ Non-refundable application fee of \$50 for individual or \$100 for joint applications. Checks should be payable to Gateway Economic Development Corp.

Loan Request: Amount \$ _____

How did you hear about this loan program? _____

Applicant: (A) _____ **Co-Applicant:** (B) _____

*SS# (A) _____ *SS# (B) _____

Mailing Address _____ How Long? _____

Location of Project _____ County _____

Former Address _____

Telephone (Work) _____ (Home) _____ E-Mail _____

Income (for previous 12 months): Attach additional pages if necessary

Applicant: Employer _____ Phone _____

Time with Employer _____ Position _____ Monthly Salary \$ _____

Co-Applicant: Employer _____ Phone _____

Time with Employer _____ Position _____ Monthly Salary \$ _____

If you are self-employed or if your income does not come from a regular salary, attach copies of your most recent tax return. We will contact you if we need more information.

Assets		Liabilities				
Bank Account	\$		Financial Institution	Account #	Payment	Balance
Savings Account	\$	Home Loan			\$	\$
Home	\$	Auto Loan			\$	\$
Auto	\$	Credit Card			\$	\$
other	\$	Credit Card			\$	\$
other	\$	other			\$	\$
other	\$	other			\$	\$
other	\$				\$	\$
Total Assets	\$				Total Liability	\$
					Net Worth:	\$

Are you obligated to pay alimony or child support? _____ Amount? _____

Have you filed bankruptcy, lost property by foreclosure, or had other credit problems in the last seven years? _____

If yes, explain: _____

SECURITY: (see instructions page 3)

What security is proposed for the loan? _____

From: MT DEQ Alternative Energy Revolving Loan Program Application
P.1 requests SSN

PROJECT INFORMATION:

Describe your project. What is it? What will it do? How will you do it? _____

Local electric utility _____
Will your project be connected to the grid? _____

List any consultants' names and telephone numbers.

Architect:/Engineer _____

Contractor: _____

Dealer: _____

Have you ever had an energy audit? What energy measures were installed? _____

How much energy is your project expected to produce or save? _____ Energy or _____ Dollars.

COST ESTIMATE:

Below, list all project costs, including structures, equipment, material, labor, etc. Has project been started? _____
Use additional sheet if necessary.

<u>EXPENSE ITEM</u>	<u>COST</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
Application fee (\$50 individual, \$100 joint)	\$ _____
Closing costs estimate 2% of loan request	\$ _____
Total Project Costs	\$ _____

Estimated energy project usable life: _____

Date construction is expected to start: _____ Estimated completion date: _____

Describe any anticipated environmental impacts and steps taken to reduce any negative effects:

*******IMPORTANT – READ CAREFULLY – Authorization to Release Credit Information*******

APPLICANT(S) CERTIFIES AS FOLLOWS: that applicant(s) is a resident of Montana; that applicant(s) will use loan proceeds only to construct the energy project described; that the applicant(s) will comply with all applicable rules and laws intended to preserve or enhance environmental quality; that applicant(s) will obtain all applicable local, state, and federal permits, approvals and licenses and comply with their conditions and terms. Applicant(s) authorize the Alternative Energy Revolving Loan Program to verify any facts they deem necessary for loan analysis, including obtaining my/our credit report. Applicant(s) authorizes DEQ to use their name, address, project information and project photos to explain or promote the loan program.

I have enclosed an application and an underwriting fee of: \$50.00, payable to Gateway Economic Development Corp.

(A) _____ Applicant Date (B) _____ Applicant Date

Applicant(s) need to provide in writing if any application information is to be considered exempt from public disclosure. *Disclosure of Social Security numbers is not mandatory. The Department of Environmental Quality intends to use the number to obtain a credit report. The Privacy Act of 1974 prohibits the state from denying a loan because the person does not disclose their Social Security number.

From: A "Work Capacity Test Administrator's Guide"
Dept of Natural Resources

HEALTH SCREENING QUESTIONNAIRE (HSQ)

Assess your health needs by marking all true statements.

SECTION A—HISTORY

YOU HAVE HAD:

- A heart attack
- Heart surgery
- Coronary angioplasty (PTCA)
- Pacemaker/implantable cardiac defibrillator/rhythm disturbance

- Heart valve disease
- Heart failure
- Heart transplantation
- Congenital heart disease
- Personal experience or a doctor's advice of any other physical reason that would prohibit you from carrying out the duties of a wildland firefighter

SYMPTOMS:

- You experience chest discomfort with exertion
- You experience unreasonable breathlessness

- You experience dizziness, fainting, blackouts
- You have musculoskeletal problems, spine, knees, etc.

OTHER HEALTH ISSUES:

- You are pregnant
- You take prescription or over-the-counter medication(s).
list: _____

- You take heart medications

SECTION B—CARDIOVASCULAR RISK FACTORS

- You are a man 45 years of age or older
- You are a woman over 55 years old, or you have had a hysterectomy, or you are postmenopausal
- Your blood pressure is greater than 140/90, or you don't know your blood pressure, or you take blood-pressure medication
- You are more than 20 pounds overweight
- You are physically inactive (i.e., you get less than 30 minutes of physical activity at least 3 days per week)

- Your blood cholesterol level is greater than 240 g/dl, or you don't know your cholesterol level, or you take cholesterol medication
- You have a close blood relative who had a heart attack before age 55 (father or brother), or age 65 (mother or sister)
- You are a diabetic or take medicine to control your blood sugar

PRIVACY STATEMENT—The information obtained in the completion of this form is used to help determine whether an individual being considered for wildland firefighting can carry out those duties in a manner that will not place the candidate unduly at risk due to inadequate physical fitness and health. Its collection and use are consistent with the provisions of 5 USC 552a (Privacy Act of 1974).

PAPERWORK REDUCTION ACT STATEMENT—Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control for this information collection is 0596-0164. Public Report Burden hour is estimated to average 2.5 minutes per response including the time for reviewing instruction (if any) hearing a description of the project. Send comments regarding burden estimate of any other aspect of this survey, including suggestions for reducing burden to: Information Collection Officer, USDA Forest Service; 1621 North Kent St., Room 800 RPE; Arlington, VA 22209, and to the Office of Management and Budget, Office of Regulatory Affairs, Desk Officer for Forest Service, Washington, DC 20503.

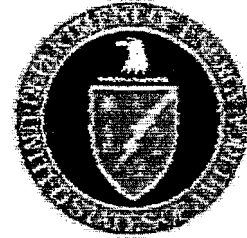
NAME: _____

DATE: _____



**Bechtel Nevada
Weapons of Mass Destruction Training Program**

P.O. Box 98521
M/S: NLV110
Las Vegas, NV 89193-8521



(Please print clearly or type application)

I am interested in attending the WMD Radiological/Nuclear Course for HazMat Technicians

Last Name _____ First Name _____ MI _____

Social Security Number: _____
(Student identification use only)

Commercial Driver's License # _____ Expiration Date _____

Department/Agency/Office Address

Email Address

_____	_____
_____	_____
_____	_____
_____	_____

Department/Agency/Office Telephone Number:

Department/Agency/Office Fax Number:

_____	_____
-------	-------

Professional Experience:

My current job is: _____

Applicant's Signature: _____ Date _____

Supervisor's Signature: _____ Date _____

*State Coordinator: _____ Date _____

*Approval signature required.

Before mailing application ensure that you have filled in all requested information on the

1. Application
2. U.S. Dept. of Energy Security form
3. Bechtel Nevada Medical questionnaire

Forward application and required forms to your State Emergency Management Coordinator. If you have any questions you may call: 702-295-3224.

Privacy Act Statement

The information requested on this form is protected by the Privacy Act of 1974. The purpose for requesting this information is to enable proper processing of your information for access to the U.S. Department of Energy, Nevada Operations training facilities. Failure to provide the requested information may preclude processing your training request.