

**Cindy Brimer**

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**From:** Steve Gottrich  
**Sent:** Monday, November 28, 2005 10:20 AM  
**To:** Cindy Brimer; Thomas Harms; Tim Lynch  
**Subject:** FW: Interim Approval Clearance -Jhonel Arevalo Gomez - Case # 197654

-----Original Message-----

**From:** Ranly, George [mailto:RanlyGeorge@state.gov]  
**Sent:** Friday, November 25, 2005 3:00 PM  
**To:** Steve Gottrich  
**Cc:** Deavers, Renee; Medley, Cornelius L; Bohac, Mark J; Tuczynski, Paul D  
**Subject:** FW: Interim Approval Clearance -Jhonel Arevalo Gomez - Case # 197654

Mr. AREVALO GOMEZ, Jhonel has been granted an interim MRPT. Please see below.

This is for ESF Kabul.

Renee,

I've updated our database.

Regards

George Ranly  
Industrial Security Division  
Bureau of Diplomatic Security  
SA-20, 13th Floor  
1801 North Lynn Street  
Arlington, VA 22209  
(571) 345-3017 (53017)  
fax: (571) 345-2999

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**From:** Champagne, Eugene E  
**Sent:** Wednesday, November 23, 2005 8:37 AM  
**To:** Ranly, George  
**Cc:** Carta, Ann M  
**Subject:** Interim Approval Clearance -Jhonel Arevalo Gomez - Case # 197654

Pursuant to your request received October 25, 2005, and in accordance with Executive Order 12968, Section 3.3, Jhonel Arevalo Gomez is hereby granted interim certification for access to public trust information at the Moderate Risk Public Trust level.

It is your responsibility to notify the employee that access to public trust information will be immediately terminated, along with any assignment requiring access to public trust information, if the investigation reveals information that makes the employee no longer eligible for interim or continued

11/28/2005

access to public trust information.

You must attest to having provided the employee with a copy of this email.

This action was approved by Ms. Ann Carta.

AREVALO GOMEZ  
JHONEL, .

SSN: 501-17-0117  
Page: 1

**1. Personal Information**

Name AREVALO GOMEZ  
JHONEL, .  
Birth Date 1970/10/19 Sex Male  
Place Of Birth LIMA, PERU  
County SAN MARTIN,  
PERU  
Work/Day Phone 6182004 Home/Day Phone 582 4390  
Height 5-7\_ Weight 155 Hair Color BLACK Eye Color BROWN

**2. Other Names Used**

NO Have you ever used or been known by another name?

**3. Citizenship**

Current Citizenship Not a U.S. Citizen  
Mother's Maiden Name GOMEZ JORGE  
LIBIA, .

Alien Registration Number Date Entered U.S. / /  
Place of Entry  
Country of Citizenship PERU

**4. Where You Have Lived**

FROM	TO	ADDRESS
1. 2004/10/01	PRES	MZ. R LT.33 REPUBLICA DEMOCRATICA ALEMANA LIMA, PERU

Person Who Knows You  
QUIÑONES DE TARAZONA  
JULIA, INGA  
MZ. R LT.33 REPUBLICA DEMOCRATICA  
ALEMANA  
LIMA, PERU  
Phone 582-4390

NO Is this residence address hard to find?

2. 1998/01/05	2004/09/30	MZ. F A LT.32 URB. VILLA LIBERTAD LIMA, PERU
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Person Who Knows You  
OTINIANO MEJIA  
RICARDO, .  
MZ. F A LT. 32 URB. VILLA LIBERTA  
LIMA, PERU  
Phone 6182013

NO Is this residence address hard to find?

**5. Where You Went To School**

NO Have you attended school beyond Junior High School within the last 5 years?  
NO Have you attended school beyond high school? (If all education occurred  
more than 5 years ago, list most recent education beyond high school  
regardless of date.)

**6. Your Employment Activities**

FROM	TO	TYPE OF EMPLOYMENT
1. 1999/04/01	PRES	Other

**Your Position/Title** ARMED SECURITY GUARD  
**Employer Name** WACKEMHUT PERU S.A  
**Employer Phone** 618-2004  
**Job Address** 916 EL SOL  
LIMA, PERU  
**Supervisor's Name** MOGOLLON PALACIOS  
ENRIQUE, .  
**Supervisor Phone** 6182004

NO Is the employer's address different from the job location address?  
NO Is the supervisor's address different from the job location address?

2. 1998/01/01 1999/03/31 Unemployment  
**Verifying Individual** RUBIO GUTIERREZ  
NORMA, BEATRIZ  
121 SIQUEIROS  
LIMA, PERU  
**Phone** 99950066

**7. Your Employment Record**

NO Has any of the following happened to you in the past 7 years?

- Fired from job
- Quit a job after being told you'd be fired
- Left a job by mutual agreement following allegations of misconduct
- Left a job by mutual agreement following allegations of unsatisfactory performance
- Left a job for other reason under unfavorable circumstances

**8. People Who Know You Well**

FROM	TO	REFERENCE NAME/ADDRESS
1. 2003/07/01	PRES	SHEEN GONZALES WILSER, AMADEO <b>Home Address</b> MZ.R LT.33 REPUBLICA DEMOCRATICA ALEMANA LIMA <b>Day Phone</b> 5824390
2. 1999/03/01	PRES	OTINIANO MEJIA RICARDO, . <b>Home Address</b> MZ. F A LT. 32 URB. VILLA LIBERTA LILMA <b>Day Phone</b> 6182013
3. 1999/03/01	PRES	CUPE FLORES PERCY, . <b>Home Address</b> A.A.H.H EL PACIFICO 2°ETAPA MZ.K LT.8 LIMA <b>Day Phone</b> 3666123

**9. Your Marital Status**

What is your current marital status? Never Married

**10. Your Relatives**

**RELATIONSHIP NAME/PLACE OF BIRTH**

1. Mother

GOMEZ JORGE  
LIBIA, .

DOB 1961/05/08 POB PERU

NO Is the family/associate you listed deceased?

Current Address 1270 ATAHUALPA  
LIMA, PERU

Country(ies) of Citizenship PERU

2. Father

AREVALO CALVO  
WILSON, .

DOB 1948/05/24 POB PERU

NO Is the family/associate you listed deceased?

Current Address 120 JR. JUNIN  
LIMA, PERU

Country(ies) of Citizenship PERU

3. Child (adopted also)

AREVALOS SOTO  
CARELI, NAMI

DOB 2002/12/29 POB PERU

NO Is the family/associate you listed deceased?

Current Address MZ.R LT.33 REPUBLICA DEMOCRATICA ALEMANA  
LIMA, PERU

Country(ies) of Citizenship PERU

**11. Your Military History**

NO Have you ever served in the military? (If yes, provide in chronological order your military history: begin with the most recent period and include Reserves, National Guard, Merchant Marines, and Foreign Military service.)

**12. Your Selective Service Record**

YES Are you a male born after December 31, 1959?

NO Have you registered with the Selective Service System?

Remarks: FOREIGN CITIZEN LIVING IN A FOREIGN COUNTRY.

**13. Your Investigation Record - Investigations/Clearances Granted**

NO Has the United States Government ever investigated your background and/or granted you a security clearance? (If you can't recall the investigating agency and/or the security clearance received, enter (Y)es and follow instructions in the help text for the fields on the next screen. If you can't recall whether you've been investigated or cleared, enter (N)o.)

**14. Your Investigation Record - Clearance Actions**

NO To your knowledge have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? (Note: An administrative downgrade or termination of a security clearance is not a revocation.)

**15. Foreign Countries You Have Visited**

NO Have you traveled outside the United States on other than official U.S. Government orders in the last 7 years? (Travel as a dependent or contractor must be listed.) Do not repeat travel covered in modules 4, 5, and 6.

**16. Your Police Record**

**NO** In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s)? (Leave out traffic fines of less than \$150.)

**17. Illegal Drugs - Use**

**NO** In the last year, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?

**18. Illegal Drugs - Activity**

**NO** In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?

**19. Your Financial Record - Bankruptcy, Liens, Judgements**

**NO** In the last 7 years have you, or a company over which you exercised some control, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had a legal judgement rendered against you for a debt?

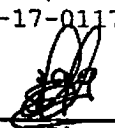
**20. Your Financial Record - 180-Day Delinquencies**

**NO** Are you now over 180 days delinquent on any loan or financial obligation? (Include loans or obligations funded or guaranteed by the Federal Government.)

**CERTIFICATION BY PERSON COMPLETING FORM**

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Name AREVALO GOMEZ  
JHONEL, .  
SSN 501-17-0117

  
Signature (Sign in ink)

20-10-05  
Date

C O - S U B J E C T R E P O R T

AREVALO GOMEZ  
JHONEL, .

SF85P

SSN: 501-17-0117

Page: 5

1. Mother

GOMEZ JORGE  
LIBIA, .

DOB 1961/05/08

POB PERU

NO Is the family/associate you listed deceased?

Current Address 1270 ATAHUALPA  
LIMA, PERU

Country(ies) of Citizenship PERU

C O - S U B J E C T   R E P O R T

AREVALO GOMEZ  
JHONEL, .

SF85P    SSN: 501-17-0117  
Page: 6

2. Father

AREVALO CALVO  
WILSON, .

DOB 1948/05/24    POB PERU

NO Is the family/associate you listed deceased?

Current Address 120 JR. JUNIN  
LIMA, PERU

Country(ies) of Citizenship PERU

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UNITED STATES OF AMERICA

Authorization for Release of Information

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

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Security Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other 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 only for the purposes provided in this Standard Form 85P, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

  
\_\_\_\_\_  
Signature (Sign in ink) SSN 501-17-0117

20-10-05  
Date

**Name** AREVALO GOMEZ  
JHONEL, .

**Other Names Used** NONE

**Address** MZ. R LT.33 REPUBLICA DEMOCRATICA  
ALEMANA  
LIMA, PERU  
SSN 501-17-0117

**Home Phone** 582 4390

Standard Form 85P  
Revised September 1995  
U.S. Office of Personnel Management  
5 CFR Parts 731, 732, and 736

Form approved:  
O.M.B. No. 3206-0191  
NSN 7540-01-317-7372  
85-1602

UNITED STATES OF AMERICA  
AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

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

Instructions for Completing this Release:

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position of public trust with the Federal Government as a(n)

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(Investigator instructed to write in position title.)

As part of the investigative process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgement or reliability?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 85P and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

  
Signature (Sign in ink) SSN 501-17-0117

20-10-05  
Date

Name AREVALO GOMEZ  
JHONEL, .

Other Names Used NONE

Address MZ. R LT.33 REPUBLICA DEMOCRATICA  
ALEMANA  
LIMA, PERU  
SSN 501-17-0117

Home Phone 582 4390

AREVALO GOMEZ  
JHONEL, .

SSN: 501-17-0117  
Page: 1

**1. Personal Information**

Name AREVALO GOMEZ  
JHONEL, .

**2. Your Use of Illegal Drugs and Drug Activity-Illegal Use of Drugs**

**NO** Since the age of 16 or in the last 7 years, whichever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?

**3. Your Use of Illegal Drugs and Drug Activity-Use in Sensitive Position**

**NO** Have you EVER illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting public safety?

**4. Your Use of Alcohol**

**NO** In the last 7 years has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)? Do not repeat information reported in EPSQ Module 17 on form SF85P (Illegal Drugs - Use).


**5. Your Medical Record**

**NO** In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or consulted with another health provider about a mental health related condition? You do not have to answer (Y)es if you were only involved in marital, grief, or family counseling not related to violence by you.

**CERTIFICATION BY PERSON COMPLETING FORM**

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both.  
(See section 1001 of title 18, United States Code).

Name AREVALO GOMEZ  
JHONEL, .  
SSN 501-17-0117

  
Signature (Sign in ink)

20-10-05  
Date

UNITED STATES OF AMERICA

Authorization for Release of Information

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

I authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I further authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Security Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I authorize custodians of records and other 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 only for the purposes provided in this Standard Form 85P-S, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

  
\_\_\_\_\_  
Signature (Sign in ink) SSN 501-17-0117

20-10-05  
Date

Name AREVALO GOMEZ  
JHONEL, .

Other Names Used NONE

Address MZ. R LT.33 REPUBLICA DEMOCRATICA,  
ALEMANA  
LIMA, PERU

SSN 501-17-0117

Home Phone 582 4390

**APPLICANT**

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK  
LAST NAME NAM FIRST NAME MIDDLE NAME

FBI

LEAVE BLANK

**Arevalo, Jhonel MHN**

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA  
**AREVALO-GOMEZ**

OR  
I

**USDOS002Z  
DEPT STATE/ICI/PSS  
WASHINGTON, DC**

DATE OF BIRTH: DOB  
Month Day Year  
**10 19 77**

RESIDENCE OF PERSON FINGERPRINTED

**Mz. R Lt. 33 Av. Rep. Democracia  
Alemana- San Juan de M.**

CITIZENSHIP CIZ  
**peruvian**  
YOUR NO. OCA

SEX M RACE N HGT 5'7" WGT 155 EYES BR HAIR BL

PLACE OF BIRTH PERU  
**San Martin**

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

**2/10/05**

EMPLOYER AND ADDRESS

**MVM, Inc.  
1593 Spring Hill Road, Suite 700  
Vienna, Virginia 22182**

FBI NO FBI

ARMED FORCES NO MNU

SOCIAL SECURITY NO SOC  
**01170117**

MISCELLANEOUS NO MNU

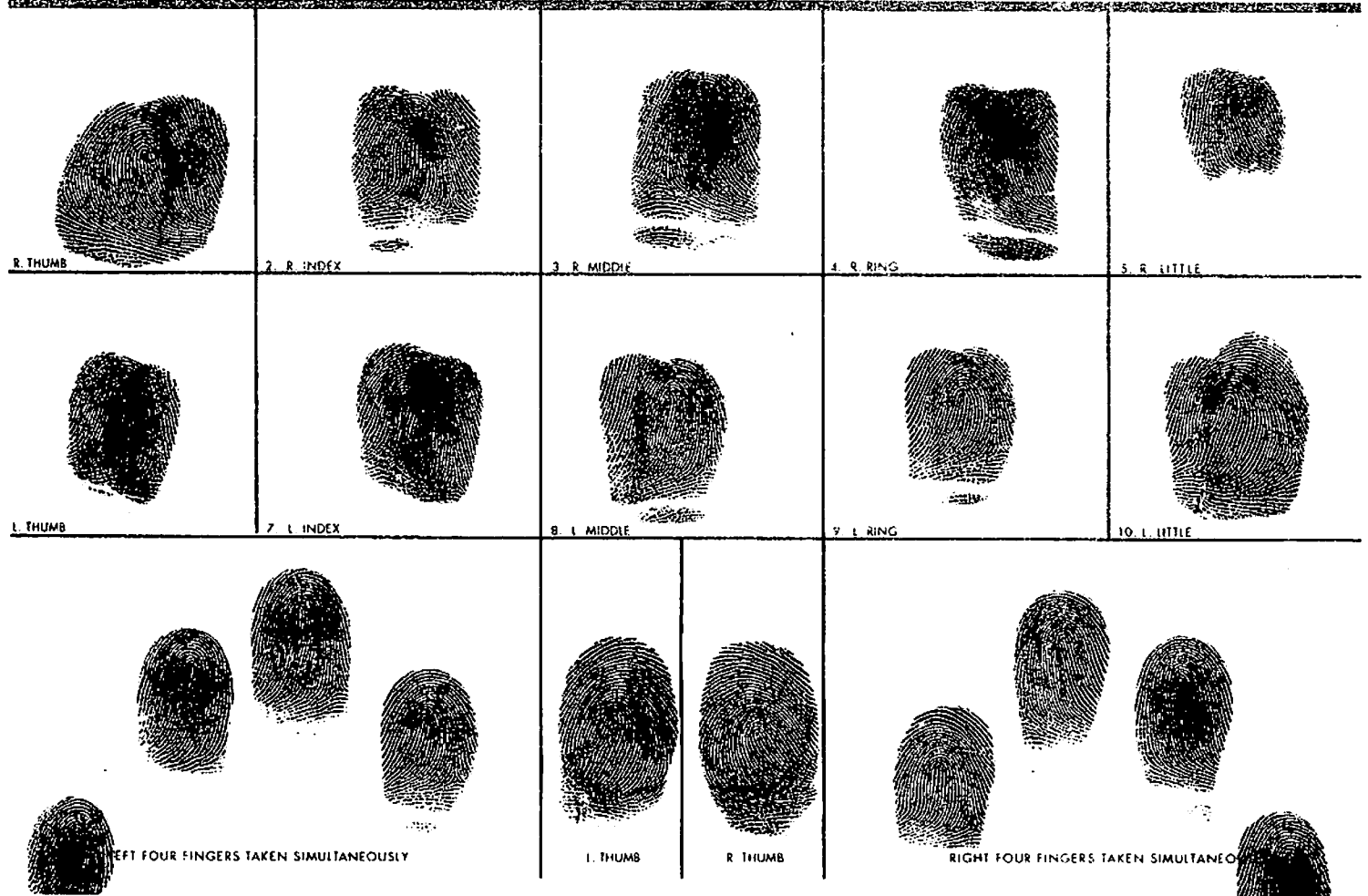
LEAVE BLANK

CLASS

REI

REASON FINGERPRINTED

**Contract Security**





U.S. Department of State  
**Disclosure and Authorization Pertaining to Consumer Reports**  
 Diplomatic Security Service  
 Pursuant to the Fair Credit Reporting Act (As amended 09/20/97)

This is a release for the U.S. Department of State to obtain one or more consumer/credit reports about you for employment purposes, including evaluating your fitness of employment, promotion, assignment or reassignment (including assignment or reassignment to a contract as a contractor or an employee of a contractor), retention, or access to classified information.

Under the Fair Credit Reporting Act, the term "employment purposes", when used in connection with a consumer report, means a report used for the purpose of evaluating a consumer for employment, promotion, reassignment or retention as as an employee.

The term "employee" as used in this disclosure and authorization, means any person employed by, detailed to assigned to, an agency, including members of the Armed Forces; an expert or consultant to an agency; an industrial or commercial contractor, licensee, certificate holder, or grantee of an agency, including all subcontractors; a personal services contractor; or any other category of person who acts for or on behalf of an agency as determined by the appropriate agency head.

I, Jhonet Arevalo Gomez (printed name),

hereby authorize the U.S. Department of State to obtain such report(s) from any consumer/credit reporting agency for employment purposes.

I wish to receive a copy of my consumer credit report. (CA, MN, OK residents only)



Signature

12.10.05

Date (mm-dd-yyyy)

01170117

~~000-00-0000~~

Social Security Number

**PRIVACY ACT STATEMENT**

The information solicited on this form is requested pursuant to provisions in the Fair Credit Reporting Act (15 U.S.C. 1681 (a)) (amended September 30, 1997) and Executive Order 12968, section 1.2(e)(1)(b).

The primary purpose for soliciting this information is to obtain consumer/credit reports to investigate employees/applicants for national security positions.

The information solicited on this form may be made available as a routine use to other government agencies to assist the U.S. Department of State in conducting personnel background investigations and for law enforcement and administrative purposes.

Failure to provide the information requested on this form may result in the administrative withdrawal of security clearance processing. Disclosure of this information is mandatory to comply with investigative standards set forth in Executive Order 12968.



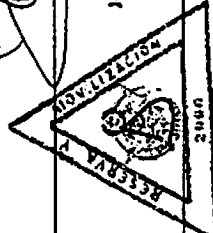


FAP-95-9-10

ANOTACIONES DIVERSAS

LLAMAMIENTO E RESERVAS A

*Carlos A. Sanchez Zegarra*  
Presente al Llamamiento  
consultando Selección  
3<sup>ra</sup> de Reserva y Movilización  
Coronel FAP  
CARLOS A. SANCHEZ ZEGARRA



LIBRETA DE SERVICIO MILITAR  
(AVIACION)



LUGAR Y FECHA  
**LIMA**

IND. DER.

24 ENE 2000

Jefe de Reserva y Movilización

*Carlos A. Sanchez Zegarra*

FUERZA AEREA  
**DUPLICADO**

### Lista de la gente que vive con Usted

FOREIGN RELATIVES, FRIENDS AND ASSOCIATES (NON-US CITIZENS)-List immediate family and relatives who are cohabitants of current residence

Nombres + Apellidos	Relación	Fecha de Nacimiento	Lugar de Nacimiento	Dirección	Ciudadanía	En que trabaja	Empleador
							—
Caroli Naomi Arevalo Soto	daughter	12.29.02	Lima	Mz. R lote 33. Rep. dems crática Alemana. S.S.H.	Peruana	—	—

- 1 = Mamá
- 2 = Papi
- 3 = Esposa
- 4 = hijos
- 5 = hnos

**Cindy Brimer**

---

**From:** DS OPO Kabul ESF [dsopokabulesf@state.gov]  
**Sent:** Monday, October 17, 2005 5:39 PM  
**To:** Cindy Brimer  
**Cc:** DS IND LG KABUL; Hodge, William B  
**Subject:** RE: ESF-Arevalo Gomez-Jhonel

Approved.

---

**From:** Cindy Brimer [mailto:BRIMERC@mvmInc.com]  
**Sent:** Friday, October 14, 2005 12:23 PM  
**To:** DSOPOKABULESF@state.gov  
**Subject:** ESF-Arevalo Gomez-Jhonel

Per prior coordination with DoS, passports and inoculations will be obtained when/if Bio/Resume is approved.

**Cindy Brimer**

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**From:** Cindy Brimer  
**Sent:** Tuesday, October 18, 2005 10:15 AM  
**To:** 'Adam Rosenbaum'  
**Subject:** FW: ESF-Arevalo Gomez-Jhonel

Continue processing MVM Package and DoS-required MRPT certification processing according to the S.O.P.

-----Original Message-----

**From:** DS OPO Kabul ESF [mailto:dsopokabulesf@state.gov]  
**Sent:** Monday, October 17, 2005 5:39 PM  
**To:** Cindy Brimer  
**Cc:** DS IND LG KABUL; Hodge, William B  
**Subject:** RE: ESF-Arevalo Gomez-Jhonel

Approved.

---

**From:** Cindy Brimer [mailto:BRIMERC@mvminc.com]  
**Sent:** Friday, October 14, 2005 12:23 PM  
**To:** DSOPOKABULESF@state.gov  
**Subject:** ESF-Arevalo Gomez-Jhonel

Per prior coordination with DoS, passports and inoculations will be obtained when/if Bio/Resume is approved.