

**Department of Energy**  
**Office of Science, Safeguards & Security Division**  
**F-241, Germantown, MD 20874**

## Security Investigation Form

**Personal Information**

Full Name (Last, First, Mid)	
Social Security Number	
DOB (mm/dd/year)	
Job Title	
Telephone Number	
E-Mail	
Place of Birth (State, City)	

**Program:** Indicate clearance level requested by placing an X next to the appropriate level.

<b>Q</b>	<input type="checkbox"/>	<b>Initial</b>	<input type="checkbox"/>
<b>L</b>	<input type="checkbox"/>	<b>PIV</b>	<input type="checkbox"/>
<b>BAO</b>	<input type="checkbox"/>	<b>Re-Invest</b>	<input type="checkbox"/>

**Type of Employee:** Indicate employee type by placing and X next to the appropriate category.

DOE Federal Employee	<input type="checkbox"/>
Contractor Employee	<input type="checkbox"/>
Company Name	<input type="text"/>
Contract Number/Expiration Date	<input type="text"/>
Other	<input type="checkbox"/>

**Justification Statement**


When completed this worksheet must be protected IAW Official Use Only procedures