

**U. S. DEPARTMENT OF ENERGY
NNSA SERVICE CENTER
CLEARANCE REQUEST/RECERTIFICATION/SUITABILITY FORM**
[Instructions for Justification Form and Definitions](#)

Check One:

Applicant: 1st time clearance holder

Incumbent: Current clearance holder or previous clearance holder

Check One:

Contractor: Already pre-checked, modify if need be. M&O or subcontractor employee. This applies to all SNL clearance requests and should always be checked.

Federal: DOE/NNSA Federal employee

Requesting Site – anything is acceptable that clearly identifies the site, for example -

SNL/CA, SNL/NM, Pantex, Oakland, Nevada, LANL, LLNL,

Y-12, Honeywell-KC, Honeywell-AL, WIPP,

Feds – identify by site office: KCSO, LASO, NNSA-AL

Clearance Number: Add it if you know it, AB-000000, if not **leave blank** – do not put N/A or unknown.

Name, Date, Date of Birth, Place of Birth, Social Security #: Self Explanatory. MUST list complete name, no initials.

For place of birth, must list city and state.

Citizenship – list country: USA, Iran, Germany, etc.

Employer (legal name): Examples – Honeywell FM&T, University of California. This is the actual company the individual works for. If the individual is a sub-contractor, this is the contract company they work for, not Sandia National Labs (ex: Ktech, SNL Consultant, ASAP, etc.).

Employer Code/Facility Code: Leave this blank, Personnel Security Dept. (PSD) will fill in.

Job Title - Examples: Member of Technical Staff; Technician; Consultant

Subcontract Number applies to sub-contractors to the M&O contractor (ex: Ktech, Job Plus, ASAP, Consultants, etc.).

Leave this blank for SNL Employees.

Human Reliability Program (formerly PAP or PSAP)

Direct Access/Protection of SNM: Self-explanatory

Nuclear Material Production Reactor Operator: Self-explanatory

Potential to Cause Unacceptable Damage (Must be justified under separate cover): This phrase formerly referred to PSAP/PAP positions. Ignore for now while HRP merges the 2 programs. Can clarify at a later date if need be.

Sensitive Compartmental Information (SCI): Self-explanatory

Type of Investigation: DOE use only.

Type of Clearance: Check the appropriate clearance level: "L", "L/Q" or "Q".

Clearance Action: Check the box that identifies the clearance action required.

"Q" & "L" Criteria Blocks: Self-explanatory – check off what applies.

Justification (narrative): Intentionally kept at 3 lines – keep it short/simple

1) BRIEF description of duties

2) Level of access – this should match the criteria checked

3) Frequency (daily, weekly, etc.)

Clearance History: Self-explanatory. If unknown, leave blank.

Enclosure: Leave blank, PSD use only.

Certification: Name/signature – Self-explanatory Organization: Can be Mail Stop, Group or whatever the site identifies with

Requesting official: should always be submitted: Can be a SNL manager, team supervisor, or someone that has been given Delegation of Authority for a manager or team supervisor. **Always include a phone number, with area code.**

DOE Official or COTR: Only applies to federals – otherwise ignore

Contracting Security Official (M&O official): PSD official

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<input type="checkbox"/> Applicant <input type="checkbox"/> Incumbent	<input type="checkbox"/> Contractor <input type="checkbox"/> Federal	Requesting Site	Clearance Number	Contract Number (M&O) DE-AC04-94AL85000	Date
FULL Name (Last, First, Middle (no initial))			Date of Birth	Place of Birth (City and State)	
Social Security Number	Citizenship	Employer (Legal Name)			
		PSD USE ONLY	Employer Code:	Facility Code:	
Job Title:			Subcontract Number (if applicable):		
<input type="checkbox"/> Human Reliability Program (formerly PAP or PSAP)		<input type="checkbox"/> Sensitive Compartmented Information (SCI)			
<input type="checkbox"/> Direct Access/Protection of SNM					
<input type="checkbox"/> Nuclear Material Production Reactor Operator					
<input type="checkbox"/> Potential to Cause Unacceptable Damage (Must be justified under separate cover)					
DOE USE ONLY	Type of Investigation: <input type="checkbox"/> SBI <input type="checkbox"/> BI <input type="checkbox"/> LBI <input type="checkbox"/> PRIS <input type="checkbox"/> NACL <input type="checkbox"/> NACC <input type="checkbox"/> FAC <input type="checkbox"/> FBC				
Type of Clearance: <input type="checkbox"/> L <input type="checkbox"/> L/Q <input type="checkbox"/> Q <input type="checkbox"/> Initial <input type="checkbox"/> Reinstate <input type="checkbox"/> Reinvestigation <input type="checkbox"/> Special Update <input type="checkbox"/> Transfer <input type="checkbox"/> Extension <input type="checkbox"/> Employer Code Change <input type="checkbox"/> Upgrade <input type="checkbox"/> Downgrade <input type="checkbox"/> Reciprocity <input type="checkbox"/> Suitability (DOE ONLY) <input type="checkbox"/> Key Management Personnel					
"Q" CRITERIA			"L" CRITERIA		
<input type="checkbox"/> Top Secret Restricted Data <input type="checkbox"/> Top Secret Formerly Restricted Data <input type="checkbox"/> Top Secret National Security Information <input type="checkbox"/> COMSEC Information <input type="checkbox"/> CRYPTO Information <input type="checkbox"/> Weapon Data Indicate Sigma(s) _____ <input type="checkbox"/> Secret Restricted Data <input type="checkbox"/> Special Nuclear Material (Category I) <input type="checkbox"/> Exclusion Area Access			<input type="checkbox"/> Secret National Security Information <input type="checkbox"/> Secret Formerly Restricted Data <input type="checkbox"/> Confidential Restricted Data <input type="checkbox"/> Confidential Formerly Restricted Data <input type="checkbox"/> Confidential National Security Information <input type="checkbox"/> Special Nuclear Material (Categories II & III) <input type="checkbox"/> Continuous unescorted access to Classified (Limited Security) Area <input type="checkbox"/> Exclusion Area		
JUSTIFICATION					
<i>Identify the specific job activity requiring a clearance. Without revealing classified information describe – (1) the duties of the position, (2) the level of classified matter or SNM to be accessed, and (3) the frequency of access.</i> (1) Duties: (2) Level: (3) Frequency:					
CLEARANCE HISTORY					
<input type="checkbox"/> holds	<input type="checkbox"/> held	a DOE clearance	Level:	File #:	_____
<input type="checkbox"/> holds	<input type="checkbox"/> held	another agency clearance	Level:	File #:	_____
<input type="checkbox"/> holds	<input type="checkbox"/> held	Special Access	<input type="checkbox"/> SCI	<input type="checkbox"/> PAP	<input type="checkbox"/> PSAP <input type="checkbox"/> Other: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pre-employment check conducted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Investigation currently in progress
ENCLOSURES – To be completed by PSD					
<input type="checkbox"/> SF-86, "Questionnaire for Sensitive Position"		<input type="checkbox"/> DOE F 5631.18, "Security Acknowledgement"			
<input type="checkbox"/> SF-171, Applicant for Federal Employment		<input type="checkbox"/> DOE F 5631.29, "Security Termination Statement"			
<input type="checkbox"/> F/P Cards (SF-87 Federal/FD 258: Contractors)		<input type="checkbox"/> Other:			
<input type="checkbox"/> DOE F 472.1, Fair Credit Report Act Release					
CERTIFICATION					
I certify that the DOE clearance that is being requested/recertified is required in order for the subject to perform official duties of the position described.					
Requesting Official (Print Name):			Signature		
Organization:		Phone No. () -		Date	
DOE Official or Contracting Officer/Technical Rep (COTR):			Signature		
Organization:		Phone No. () -		Date	
Contracting Security Official (M & O Official):			Signature		
Organization:		Phone No. () -		Date	