

Family name:.....

Given name.....,

Date of birth:.....



NASJONAL
SIKKERHETSMYNDIGHET

PERSONAL DATA FORM FOR SECURITY CLEARANCE

GRADERINGSMERKE
Utfylt blankett skal
ved mottak
sikkerhetsgraderes
etter sitt innhold

1 Important information for those seeking security clearance.

Consent to personal vetting:

Those who seek security clearance must consent to the security authority and clearance authority undertaking a personal vetting. You give your consent to this by filling in and signing this form. Your consent also comprises a renewed personal vetting during validity of your clearance, if necessary. Your consent shall be voluntary.

A personal vetting entails that information will be obtained from various sources:

- Personal information which you provide about yourself or your closely related persons in the Personal Data Form, pursuant to Section 8-5(4)(5) of the Norwegian Act on National Security and Section 6 of the Regulation on security Clearances, or other information you provide pursuant to the Norwegian Act on National Security with associated regulations.
- Information obtained from relevant public records, see Section 8-5(6) of the Norwegian Act on National Security and Section 8 of the Regulation on security Clearances. This is information obtained from police records, the Police Security Service, the Tax Administration, the Norwegian National Security Authority, the Register of Employers and Employees (the Aa register), the Directorate of Immigration, the Execution and Enforcement Authority, the Norwegian Mapping Authority, the Brønnøysund Register Centre, credit information agencies and debt collection agencies.
- Information obtained from other sources, see Section 8-5(6) of the Norwegian Act on National Security. Examples of such sources may be other public authorities, places of service, workplaces and other references or sources that are readily accessible to the general public.
- Corresponding information from sources in countries where you have/have had domicile or other affiliation.

Your consent also comprises that information on your clearance status, your affiliation to other states, place of service or the requesting entity may be handed over to the Police Security Service (PST) if the PST considers this necessary in order to attend to the duties of the service. The information obtained via the personal vetting will not be used for other purposes than to consider clearance and authorisation, or other processing pursuant to the Norwegian Act on National Security. The information will be treated and protected in accordance with the provisions of the Norwegian Act on National Security with associated regulations.

If you are under the age of 18, it is required that your parents or guardian consent to a personal vetting being conducted. This is done by your parents or guardian familiarising themselves with the implications of granting their consent and confirming their consent to your personal vetting by signing a separate attachment.

It is important that you give honest answers, allow ample time to answer the questions and read the guidance texts carefully. When processing your application, the clearance authority will assume that you have read and understood the guidance text. Incorrect or incomplete completion of the Personal Data Form may be construed as withholding of information (from the clearance authority and the person in charge of authorisations) and could result in a negative clearance decision.

The Personal Data Form consists of a number of yes/no questions. If you reply Yes to some of these, you must provide more detailed information at the indicated space in the form. If the space in the indicated column is insufficient, use the free text column (point 22) in the form, or use a separate sheet of paper which you should attach to the form (point 23). Write your full name and date of birth on all attachments and number them. Write clearly in block capitals with a blue ballpoint pen.

Use the Guidance for filling in the Personal Data Form when filling in the form. The guidance is available at

<http://www.nsm.stat.no/publikasjoner/skiema>

Information on clearance level

Cross off for the required clearance level	CONFIDENTIAL (C) <input type="checkbox"/>	NATO CONFIDENTIAL (NC) <input type="checkbox"/>	You must fill in pts.2-13 + ce. pts. 14 and pts. 21-24
	SECRET (S) <input type="checkbox"/>	NATO SECRET (NS) <input type="checkbox"/>	You must fill in pts.2-13 + ce pts. 14 and pts. 21-24
	TOP SECRET (TS) <input type="checkbox"/>	COSMIC TOP SECRET (CTS) <input type="checkbox"/>	You must fill in pts. 2-13 + ce. pts. 14 and Pts. 15-24

If the person in charge of authorisations has omitted to cross off for clearance level, you should clarify this before filling in the form.

Family name:..... Given name:.....	Date of birth:.....
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2 Personal data

2.1 Date of birth six digits	2.2 ID no. five digits	<input type="checkbox"/> Man	<input type="checkbox"/> Woman	D-number (11 digits, foreign citizens only)	
2.3 Family name		Previous family names		Date of change	
2.4 Given and middle names		Previous given and middle names		Date of change	
2.5 Home address		2.6 Postal code	2.7 Post office		2.8 Country
2.10 Postal address		2.11 Postal code	2.12 Post office		2.13 Country
2.15 Telephone work		2.16 Mobile phone			
2.17 City/Place of birth		2.18 Country of birth		2.19 Email address	

Citizenship

2.20 Current citizenship		2.21 Date of current citizenship		Passport number (foreign citizens only)	
		<input type="checkbox"/> At birth			
2.22 Have you a valid citizenship in another country?		If yes, enter the name of the country		Passport number	From date
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Uncertain					
2.23 Have you previously had citizenships in other countries?		If yes, uncertain, enter the name of the countries		Passport number	Date of expiry
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Uncertain					

Stays abroad and home address outside Norway during the past ten years

Read about how to describe home addresses abroad in the guidance

2.24 Home address abroad (not post office no. addresses)	2.25 Post. no./Zip	2.26 City/Place	2.27 Country	2.28 From-to (mm/yr)

3 Marital status

3.1 Single Cohabiting Married/partner Separated Divorced Widow/er

4 Family matters

4.1 Any children, including step/foster children?	If yes – how many?	4.2 Any siblings, including half-/step-/foster siblings?	If yes – how many?
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes	

5 Education

5.1 Name and address of the educational institution	5.2 Course of study	5.3 Country	5.4 From - to (mm/yr)

6 Work experience during the past ten years

6.1 Current employer, address/place of service	6.2 Position	6.3 Country	6.4 From - to (mm/yr)
6.5 Any additional employer (including business interests), address/place of service	6.6 Position	6.7 Country	6.8 From - to (mm/yr)
6.9 Previous employers, addresses/places of service	6.10 Position	6.11 Country	6.12 From -to (mm/yr)

Family name:..... Given name:.....

Date of birth:.....

7 Criminal offences committed in Norway and abroad*Read about criminal offences in the guidance*

- | | | | |
|-----|--|-----------------------------|------------------------------|
| 7.1 | Have you at any time been reported to the police? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 7.2 | Have you at any time been charged /indicted? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 7.3 | Have you at any time had cases with the police that have been discontinued? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 7.4 | Have you at any time had a case decided by the conflict resolution board? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 7.5 | Have you at any time been granted a waiver of prosecution? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 7.6 | Have you at any time been fined / had a fine imposed on you in lieu of prosecution? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 7.7 | Have you at any time been convicted? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 7.8 | Have you at any time received a disciplinary reprimand or a disciplinary penalty (military/civil)? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

If you have crossed off for **Yes** on any of the questions in point 7, you are obliged to provide details and indicate the times and dates in the space below (Use a separate sheet of paper, if necessary). You must provide details of all offences. If you have crossed off on more than one question concerning the same offence – provide details only once.

Detailed information pt.	

8 Finances*Read about finances in the guidance*

- | | | | | | |
|-----|---|-------------------------------|-------------------------------------|------------------------------------|-------------------------------------|
| 8.1 | Have you during the past ten years defaulted on financial claims resulting in separate agreements with your creditor, debt collection or legal enforcement? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | | |
| 8.2 | Have you at any time been disqualified from running a business following a bankruptcy? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | | |
| 8.3 | Have you incurred debts as a result of gambling during the past ten years? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | | |
| 8.4 | How would you describe your financial situation? | <input type="checkbox"/> Good | <input type="checkbox"/> Manageable | <input type="checkbox"/> Difficult | <input type="checkbox"/> Don't know |

If you cross off for **Difficult, Manageable, Don't know** and/or **Yes** in point 8, you are obliged to provide detailed information and indicate the times and dates in the field (use a separate sheet of paper, if necessary).

Detailed information pt.	

9 Intoxicants and performance-enhancing substances*Read about intoxicants and performance-enhancing substances in the guidance*

- | | | | |
|-----|---|-----------------------------|------------------------------|
| 9.1 | Have you during the past ten years received negative reactions from other persons due to your alcohol consumption? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 9.2 | Have you during the past ten years experienced negative events where the use of alcohol was a contributory cause? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 9.3 | Give details on whether you have at any time tried/used illicit drugs. If so, state what kind, the amount, frequency and when this occurred? | | |
| 9.4 | Give details on whether you have at any time tried/used performance-enhancing substances. If so, state what kind, the amount, frequency and when this occurred? | | |
| 9.5 | Describe your attitude towards illicit drugs and performance-enhancing substances. | | |
| 9.6 | Have you during the past ten years been involved in negative events or had negative reactions where your use of illicit drugs, medication and/or performance-enhancing substances was a contributory cause? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 9.7 | Have you during the past ten years had an individual AKAN agreement? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 9.8 | Have you during the past ten years applied for, been assessed for or undergone treatment for problems with alcohol, illicit drugs, or performance-enhancing substances and/or medication? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

If you have crossed off for **Yes** in point 9, you must provide exact details and indicate the relevant period of time in the space below (use a separate sheet of paper)

Detailed information pt.	

Family name:..... Given name.....,	Date of birth:.....
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10 Information on your health
Read about information on your health in the guidance

10.1 Have you during the past ten years been assessed /treated for mental disturbances?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
10.2 Have you during the past ten years suffered illness, which, from a medical point of view, could be of temporary or chronic significance to your alertness or judgment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
10.3 Do you on a regular basis take medication that could affect your alertness or judgment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

If you have crossed off for **Yes** in point 10, you must provide exact details and indicate the relevant period of time in the space below (use a separate sheet of paper)

Detailed information pt.	

11 Affiliation to other states than Norway
Read about affiliation to other states and the definition of closely related persons in the guidance

11.1 Have you at any time had property, investments or other financial interests in other countries?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
11.2 Have you at any time sent/received money to/from other countries?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
11.3 Have you at any time been employed by, provided services for, sought assignments from or been asked to provide services for foreign states?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
11.4 Have you at any time had contact with representatives from an embassy or consulate belonging to other states?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
11.5 Have you had continuous stays lasting more than three months, or repeated short stays in other states? (except for stays indicated in point 2.24)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
11.6 Have you at any time had contact with persons you have perceived to be representatives for foreign intelligence?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
11.7 Do you have a valid passport or ID documents from other states than those indicated in points 2.20-2.23?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
11.8 Do you have an affiliation to other states that are not comprised of the above questions in point 11, and which you think may be of interest to the clearance authority?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
11.9 Do any of your closely related persons live outside Norway?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
11.10 Have any of your closely related persons at any time had property, investments, and/or financial interests in other countries?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
11.11 Do you know whether any of your closely related persons have sent/received money from other countries?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
11.12 Have any of your closely related persons at any time been employed by, provided services for, sought assignments from or asked to provide services for other states?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
11.13 Are any of your closely related persons either in contact with, or have previously been in contact with persons whom you have perceived as representatives of foreign intelligence?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
11.14 Do you know if any of your closely related persons at any time have had citizenship or a passport issued by other states?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
11.15 Do you know whether any of your closely related persons have or have had affiliation to other states (authorities, organisations, players abroad), that are not comprised of the previous questions in point 11, and which you think may be of interest to the clearance authority?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

If you have crossed off for **Yes** in point 11, you must provide further details of which state, period of time and the circumstances in the space below (use a separate sheet of paper, if required). If you have crossed off **Yes** on questions 11.9-11.15, describe your relation to the closely related persons and fill in the personal data in point 14 if the closely related persons not covered by point 15-20. (See the definition of closely related persons in the guidance).

Detailed information pt.	

Family name:..... Given name:.....,	Date of birth:.....
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12 Other security-related information	
<i>Read about other security-related information in the guidance</i>	
12.1 Have you at any time had contact with persons, organisations or groups in Norway or another country that could potentially be involved in the planning, preparation or implementation of spying activities, sabotage or acts of terror?	<input type="checkbox"/> No <input type="checkbox"/> Yes
12.2 Have you at any time had contact with persons, organisations or groups in Norway or another country that could potentially be involved in organised crime?	<input type="checkbox"/> No <input type="checkbox"/> Yes
12.3 Do you know whether any of your closely related persons have at any time been in contact with persons, organisations or groups in Norway or another country that could potentially be involved in organised crime?	<input type="checkbox"/> No <input type="checkbox"/> Yes
12.4 Do you know whether any of your closely related persons have been reported to the police/or penalised in Norway, or in another country?	<input type="checkbox"/> No <input type="checkbox"/> Yes
12.5 Are there any other issues that you think could be relevant to the processing of your application for clearance, which are not covered by previous questions in the form?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If you cross off for YES in point 12, you are obliged to provide detailed information (state who/, what and which state) and indicate the period in time. Provide also details of the result/outcome of the above contact (use a separate sheet of paper, if relevant). If you have crossed off Yes on questions 12.3-12.4, describe your relation to the closely related persons and fill in the personal data in point 14 if the closely related persons not covered by point 15-20.	
Detailed information pt.	

13 Current cohabitant/spouse/partner				
<i>To be filled in for all required clearance level</i>				
13.1 Family name (also previous, if relevant), given and middle names	<input type="checkbox"/> Man <input type="checkbox"/> Woman	13.2 Date of birth and ID no.	13.3 D-number	
13.4 City/place of birth	13.5 Country of birth	13.6 Current citizenship	13.7 Date of current citizenship	
13.8 Does the person have a valid citizenship in other countries? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, enter the countries	From date	
13.9 Has the person previously had citizenships in other countries? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, enter the countries	Date of expiry	
13.10 Do you have children with the person entered in point 13.1? <input type="checkbox"/> No <input type="checkbox"/> Yes				
13.11 Residential address abroad (not a post office box address)	Postal no./Zip Code	City/place	Country	From-to (mm/yr)

14 Closely related persons to whom you have other close attachment				
<i>If you have cross off for YES in points 11.9-11.15 and 12.3-12.4 fill in the personal data to the closely related person.</i>				
14.1 Family name (also previous, if relevant), given and middle names	<input type="checkbox"/> Man <input type="checkbox"/> Woman	14.2 Date of birth and ID no.	14.3 D-number	
14.4 City/place of birth	14.5 Country of birth	14.6 Current citizenship	14.7 Date of current citizenship	
14.8 Does the person have a valid citizenship in other countries? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, enter the countries	From date	
14.9 Has the person previously had citizenships in other countries? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, enter the countries	Date of expiry	
14.10 Residential address abroad (not a post office box address)	Postal no. / Zip Code	City/place	Country	From-to (mm/yr)

15 Parent				
<i>To be filled in for clearance requirements TS and CTS</i>				
15.1 Family name (also previous, if relevant), given and middle names	<input type="checkbox"/> Man <input type="checkbox"/> Woman	15.2 Date of birth and ID no.	15.3 D-number	
15.4 City/place of birth	15.5 Country of birth	15.6 Current citizenship	15.7 Date of current citizenship	
15.8 Does the person have a valid citizenship in other countries? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, enter the countries	From date	
15.9 Has the person previously had citizenships in other countries? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, enter the countries	Date of expiry	
15.10 Residential address abroad (not a post office box address)	Postal no. / Zip Code	City/place	Country	From-to (mm/yr)

Family name:..... Given name:.....	Date of birth:.....
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16 Parent <i>To be filled in for clearance requirements TS and CTS</i>				
16.1 Family name (also previous, if relevant), given and middle names	<input type="checkbox"/> Man <input type="checkbox"/> Woman	16.2 Date of birth and ID no.	16.3 D-number	
16.4 City/place of birth	16.5 Country of birth	16.6 Current citizenship	16.7 Date of current citizenship	
16.8 Does the person have a valid citizenship in other countries? <input type="checkbox"/> Nei <input type="checkbox"/> Ja		If yes, enter the countries	From date	
16.9 Has the person previously had citizenships in other countries? <input type="checkbox"/> Nei <input type="checkbox"/> Ja		If yes, enter the countries	Date of expiry	
16.10 Residential address abroad (not a post office box address)	Postal no. / Zip Code	City/place	Country	From-to (mm/yr)

17 Step parent or foster parent <i>To be filled in for clearance requirements TS and CTS</i>				
17.1 Family name (also previous, if relevant), given and middle names	<input type="checkbox"/> Man <input type="checkbox"/> Woman	<input type="checkbox"/> Step parent <input type="checkbox"/> Foster parent	17.2 Date of birth and ID no.	17.3 D-number
17.4 City/place of birth	17.5 Country of birth	17.6 Current citizenship	17.7 Date of current citizenship	
17.8 Does the person have a valid citizenship in other countries? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, enter the countries	From date	
17.9 Has the person previously had citizenships in other countries? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, enter the countries	Date of expiry	
17.10 Residential address abroad (not a post office box address)	Postal no. / Zip Code	City/place	Country	From-to (mm/yr)

18 Step parent or foster parent <i>To be filled in for clearance requirements TS and CTS</i>				
18.1 Family name (also previous, if relevant), given and middle names	<input type="checkbox"/> Man <input type="checkbox"/> Woman	<input type="checkbox"/> Step parent <input type="checkbox"/> Foster parent	18.2 Date of birth and ID no.	18.3 D-number
18.4 City/place of birth	18.5 Country of birth	18.6 Current citizenship	18.7 Date of current citizenship	
18.8 Does the person have a valid citizenship in other countries? <input type="checkbox"/> Nei <input type="checkbox"/> Ja		If yes, enter the countries	From date	
18.9 Has the person previously had citizenships in other countries? <input type="checkbox"/> Nei <input type="checkbox"/> Ja		If yes, enter the countries	Date of expiry	
18.10 Residential address abroad (not a post office box address)	Postal no. / Zip Code	City/place	Country	From-to (mm/yr)

19 Children (including stepchildren and foster children) <i>To be filled in for clearance requirements TS and CTS</i>				
19.1 A) Family name (also previous, if relevant), given and middle names	<input type="checkbox"/> Child <input type="checkbox"/> Step/foster child	19.2 Date of birth and ID no.	19.3 D-number	
19.4 City/place of birth	19.5 Country of birth	19.6 Current citizenship	19.7 Date of current citizenship	
19.8 Does the person have a valid citizenship in other countries? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, enter the countries	From date	
19.9 Has the person previously had citizenships in other countries? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, enter the countries	Date of expiry	
19.10 Residential address abroad (not a post office box address)	Postal no. / Zip Code	City/place	Country	From-to (mm/yr)

Family name:..... Given name.....	Date of birth:.....
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19 Children (including stepchildren and foster children) <i>To be filled in for clearance requirements TS and CTS</i>				
19.1 B) Family name (also previous, if relevant), given and middle names	<input type="checkbox"/> Child <input type="checkbox"/> Step/foster child	19.2 Date of birth and ID no.	19.3 D-number	
19.4 City/place of birth	19.5 Country of birth	19.6 Current citizenship	19.7 Date of current citizenship	
19.8 Does the person have a valid citizenship in other countries? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, enter the countries	From date	
19.9 Has the person previously had citizenships in other countries? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, enter the countries	Date of expiry	
19.10 Residential address abroad (not a post office box address)		Postal no. / Zip Code	City/place	Country
				From-to (mm/yr)

19.1 C) Family name (also previous, if relevant), given and middle names	<input type="checkbox"/> Child <input type="checkbox"/> Step/foster child	19.2 Date of birth and ID no.	19.3 D-number	
19.4 City/place of birth	19.5 Country of birth	19.6 Current citizenship	19.7 Date of current citizenship	
19.8 Does the person have a valid citizenship in other countries? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, enter the countries	From date	
19.9 Has the person previously had citizenships in other countries? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, enter the countries	Date of expiry	
19.10 Residential address abroad (not a post office box address)		Postal no. / Zip Code	City/place	Country
				From-to (mm/yr)

19.1 D) Family name (also previous, if relevant), given and middle names	<input type="checkbox"/> Child <input type="checkbox"/> Step/foster child	19.2 Date of birth and ID no.	19.3 D-number	
19.4 City/place of birth	19.5 Country of birth	19.6 Current citizenship	19.7 Date of current citizenship	
19.8 Does the person have a valid citizenship in other countries? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, enter the countries	From date	
19.9 Has the person previously had citizenships in other countries? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, enter the countries	Date of expiry	
19.10 Residential address abroad (not a post office box address)		Postal no. / Zip Code	City/place	Country
				From-to (mm/yr)

20 Siblings (including half siblings, step siblings and foster siblings) <i>To be filled in for clearance requirements TS and CTS</i>				
20.1 A) Family name (also previous, if relevant), given and middle names	<input type="checkbox"/> Sibling <input type="checkbox"/> Step/foster sibling	20.2 Date of birth and ID no.	20.3 D-number	
20.4 City/place of birth	20.5 Country of birth	20.6 Current citizenship	20.7 Date of current citizenship	
20.8 Does the person have a valid citizenship in other countries? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, enter the countries	From date	
20.9 Has the person previously had citizenships in other countries? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, enter the countries	Date of expiry	
20.10 Residential address abroad (not a post office box address)		Postal no. / Zip Code	City/place	Country
				From-to (mm/yr)

Family name:..... Given name.....	Date of birth:.....
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20 Siblings (including half siblings, step siblings and foster siblings)
To be filled in for clearance requirements TS and CTS

20.1 B) Family name (also previous, if relevant), given and middle names	<input type="checkbox"/> Sibling <input type="checkbox"/> Step/foster sibling	20.2 Date of birth and ID no.	20.3 D-number
20.4 City/place of birth	20.5 Country of birth	20.6 Current citizenship	20.7 Date of current citizenship
20.8 Does the person have a valid citizenship in other countries? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, enter the countries	From date
20.9 Has the person previously had citizenships in other countries? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, enter the countries	Date of expiry
20.10 Residential address abroad (not a post office box address)		Postal no. / Zip Code	City/place Country From-to (mm/yr)

20.1 C) Family name (also previous, if relevant), given and middle names	<input type="checkbox"/> Sibling <input type="checkbox"/> Step/foster sibling	20.2 Date of birth and ID no.	20.3 D-number
20.4 City/place of birth	20.5 Country of birth	20.6 Current citizenship	20.7 Date of current citizenship
20.8 Does the person have a valid citizenship in other countries? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, enter the countries	From date
20.9 Has the person previously had citizenships in other countries? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, enter the countries	Date of expiry
20.10 Residential address abroad (not a post office box address)		Postal no. / Zip Code	City/place Country From-to (mm/yr)

20.1 D) Family name (also previous, if relevant), given and middle names	<input type="checkbox"/> Sibling <input type="checkbox"/> Step/foster sibling	20.2 Date of birth and ID no.	20.3 D-number
20.4 City/place of birth	20.5 Country of birth	20.6 Current citizenship	20.7 Date of current citizenship
20.8 Does the person have a valid citizenship in other countries? <input type="checkbox"/> Nei <input type="checkbox"/> Ja		If yes, enter the countries	From date
20.9 Has the person previously had citizenships in other countries? <input type="checkbox"/> Nei <input type="checkbox"/> Ja		If yes, enter the countries	Date of expiry
20.10 Residential address abroad (not a post office box address)		Postal no. / Zip Code	City/place Country From-to (mm/yr)

21 References

21.1 Family name, given and middle names of professional reference	21.2 Position/Entity
21.3 Address	21.4 Country
21.5 Telephone, work, private and mobile telephone, if relevant	21.6 E-mail address
21.7 Family name, given and middle name of personal reference	21.8 Position/Entity
21.9 Address	21.10 Country
21.11 Telephone, work, private and mobile telephone, if relevant	21.12 E-mail address

Family name:..... Given name.....,.....	Date of birth:.....
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22 Remarks/comments (use a separate attachment, if required, marked with your full name and date of birth)

23 Number of attachments	Number:
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24 Your consent and your signature

I consent to a personal vetting being conducted pursuant to Section 8-11 of the Security Act. I confirm that I have conscientiously and to the best of my ability replied to the questions in the form. I am aware that I am obliged to notify the person in charge of authorisations of any changes to matters that may be significant to my security clearance, cf. Section 8-11 of the Norwegian Act on National Security. **Write your full name and date of birth in the space provided at the top of each page.**

24.1 Date and year	24.2 Signature

25 Clearance decision (to be filled in by the clearance authority as required)

25.1 Clearance authority	25.2 Cleared for national	25.3 Cleared for NATO	25.4 Decision to be assessed on (date) at the earliest	25.5 Terms and conditions	Doc. ref.
				<input type="checkbox"/> No <input type="checkbox"/> Yes	
25.6 Place, date and year	25.7 Signature (CA)				

26 Consent to new personal vetting for renewal of security clearance within the clearance's period of validity.

If this version of the form is still valid, it may be used when requesting a new security clearance.

I consent to a new personal vetting being conducted, and confirm that previously filled in spaces in this form have been carefully reviewed in relation to the new personal vetting. I am aware that failure to notify any changes since my previous clearance may be construed as withholding of information from the clearance authority and could affect the clearance decision.

26.1 Changes (provide information on any changed points in point 22)

No changes since the previous clearance Changes entered at the relevant place in the form Changes entered in a separate attachment

26.2 Date and year	26.3 Signature