



Justification for clearance request

The form shall be filled in by the requesting entity before submittal to the clearance authority.

Must be filled in	Date of birth & ID no.(11 digits) of security clearance applicant	Family name	Given name

Important information

Only administrative bodies, or other entities subject to the Security Act following individual decisions, may request security clearance on behalf of the person in charge of authorisation. As a minimum, the requirement must have a legal basis in one of the provisions in point 1.2 below. If the request for security clearance has a legal basis in several of these, it is sufficient to state the provision that requires the highest level of clearance.

Before the person for whom security clearance is sought receives the Personal Data Form for completion, the person in charge of authorisations shall indicate which level of clearance the applicant requires. This is done on **Page 2** of the form under *“Important information for the security clearance applicant”*.

A **copy** of the completed form shall be sent along with this justification to the clearance authority as a request for security clearance. The quality of the copy must equal that of the original. A poor-quality copy may cause the security clearance authority to return the request.

The person in charge of authorisation at the requesting authority shall keep the **original form** on file in the case folder for personnel security.

1.1 Requesting entity/Procurement authority

Requesting entity	Clearance authority	J. no.

The requester shall cross off for which clearance level and type of clearance (National/NATO) is requested for the person for whom security clearance is sought. The requirement must be reasoned and service related.

CONFIDENTIAL (C) <input type="checkbox"/>	NATO CONFIDENTIAL (NC) <input type="checkbox"/>	Indicate duration of clearance requirement. Applies in particular to brief assignments, etc. Maximum validity period is five years.			
SECRET (S) <input type="checkbox"/>	NATO SECRET (NS) <input type="checkbox"/>	One year <input type="checkbox"/>	Two years <input type="checkbox"/>	Three years <input type="checkbox"/>	Four years <input type="checkbox"/>
TOP SECRET (TS) <input type="checkbox"/>	COSMIC TOP SECRET (CTS) <input type="checkbox"/>	Five years <input type="checkbox"/>	Or to this date (max. five years)		

1.2 Basis for requirement: state the legal provision on which the need for clearance is based

1.2.1 Section 19(2) of the Security Act. (Actual access to sensitive information at indicated level)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.2.2 Section 17(b)(4) of the Security Act. See section 3-6 of regulations relating to object security. (Access to sensitive object)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.2.3 Section 4-1(7) of regulations relating to personal security (Exercise of clearance authority)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.2.4 Section 5-15 of regulations relating to information security. (Administrator rights and physical access to server room)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.2.5 Section 19(3)* of the Security Act (Risk of accidental access)	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
1.2.5.1 Section 6-8 of the regulations relating to information security. (Protected area)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.2.5.2 Section 6-9 of the regulations relating to information security. (Barred area)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Before the request can be processed, one or more of questions 1.2.1 to 1.2.5 must be answered **Yes**. Justify and present documentation of the need for clearance, and describe below the work tasks, relevant assignment or project.

**If the legal basis for the requirement is section 19(3) of the Security Act, measures that have been initiated to prevent access shall be described on a separate sheet of paper, if necessary.*

Description, point:	

1.3 Is the requester aware of any other relevant security information related to the person requiring clearance?
 No Yes If yes, enclose documentation with the application form.

1.4 Has the requester checked that all closely related persons who fall under the personnel vetting for the indicated clearance requirement have been listed in the Personal Data Form?
 No Yes If no, return the form to the main person for correct completion before it is forwarded to CA.

1.5 Date, signature, stamp and address of (the requesting entity)	1.6 Date of the applicant's signature on the personal information form
1.7 Name and position in block capitals (ref. signature in point 1.5) Telephone no.:	1.8 Total number of attachments to this form



PERSONAL DATA FORM

The Personal Data Form (PDF) as established by the Norwegian National Security Authority (NSM) for use in the personnel security services. Applicants to be considered for security clearance must fill in the form themselves.

GRADERINGSMERKE
Utfylt blankett skal
ved mottak
sikkerhetsgraderes
etter sitt innhold

Must be filled in	Date of birth and ID no. (11 digits)	Family name	Given name

1 Important information for those seeking security clearance			
<small>Important information for the security clearance applicant [see above]</small>			
Use the guidance for completing the Personal Data Form when filling in the form. The guidance is available at https://www.nsm.stat.no/publikasjoner/skjema			
<p>By completing and signing this form containing personal information about yourself and your close family members, you consent to undergo personnel vetting. This means that you give your permission for information to be obtained from registers and other sources, including the Population Register, registers of credit providers, police and security authorities, which is relevant and in accordance with section 3-4 of the regulations relating to personnel security. Statements by reference persons may also be obtained. The information you provide may also be used to assess your security clearance and authorisation. The information will not be used for other purposes, and will be treated and protected in accordance with the provisions of the Security Act and the regulations relating to personnel security.</p> <p>If any change should occur with regard to the information you have provided in the form, you are obliged to inform the person in charge of authorisations. This applies throughout the period of clearance validity, see section 24(1) of the Security Act.</p> <p>It is important that you allow ample time to fill in the form and to read the guidance texts carefully. When processing your application, the clearance authority will assume that you have read and understood the guidance text. It is important that you give honest answers. Incorrect or incomplete completion of the form may be construed as withholding of information from the clearance authorities and could result in a negative clearance decision. Write clearly in block capitals and use a ballpoint pen.</p> <p>The form consists of a number of yes/no questions. If you reply yes to some of these, you must provide more detailed information on the indicated space on the form. If the space in the indicated column is insufficient, use the free text column (point 20) on the form, or use a separate sheet of paper, which you should number and attach to the form (point 21). Attachments must be marked with your name, date of birth and ID number.</p> <p>If you have any questions regarding filling in the form, or during the process, please seek advice from your requesting authority (Which asked you to fill in this form.)</p>			

Information on clearance level			
You need security clearance at level:	<i>CONFIDENTIAL (C)</i> <input type="checkbox"/>	<i>NATO CONFIDENTIAL (NC)</i> <input type="checkbox"/>	You must fill in pts.2-12 and pts. 22-25
	<i>SECRET (S)</i> <input type="checkbox"/>	<i>NATO SECRET (NS)</i> <input type="checkbox"/>	You must fill in pts.2-13 and pts. 22-25
	<i>TOP SECRET (TS)</i> <input type="checkbox"/>	<i>COSMIC TOP SECRET (CTS)</i> <input type="checkbox"/>	You must fill in all the points.
If the requesting entity has not crossed off for your clearance level, you should clarify this before you fill in the form.			

Required Fields	Personal Identification Number (11 digits)	Surname	First name

2 Personal Details

2.1 Date of birth(6 digits) (dd/mm/yy)	2.2 Pers.id.no. (5 digits)	<input type="checkbox"/> Male <input type="checkbox"/> Female		
2.3 Surname		Previous surnames, if any		
2.4 First and middle names		Previous first and middle names, if any		
2.5 Home address	2.6 Postal code	2.7 City/Town/Suburb	2.8 Country	2.9 From year
2.10 Postal address (if different from home address)	2.11 Postal code	2.12 City/Town/Suburb	2.13 Country	2.14 From year
2.15 Work telephonenumber		2.16 Mobile phone number		
2.17 Place of birth	2.18 Country of birth	2.19 E-mail address (optional)		

Citizenship

2.20 Current citizenship	<input type="checkbox"/>	2.21 Date of current citizenship	
2.22 Do you have a valid citizenship of another country? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please state which country		From date
2.23 Have you previously held the citizenship of another country? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please state which country		Expiry date

Living Abroad/Home Address Outside Norway

With **residence abroad** for a total of 12 months or more during the last 10 years (in the same country) the **full** home address must be provided.

2.24 Home address abroad (notpost box)	2.25 Postal code/zipcode	2.26 City/Town/Suburb	2.27 Country	2.28 From-to(mm/yy)

3 Marital Status

Single	Cohabitant	Married	Registered partnership	Separated	Divorced	Widow/widower
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 Information on Family

4.1 Do you have any children? Including step/foster children.	If yes, how many?	4.2 Do you have any siblings? Including half/step/foster siblings.	If yes, how many?
No <input type="checkbox"/> Yes <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Required Fields	Personal Identification Number (11 digits)	Surname	First name

5 Higher Education			
5.1 Educational establishment	5.2 Programme of study	5.3 Country	5.4 From - to (year)

6 Employment During the Last 10 Years			
6.1 Current employment, address/work place	6.2 Country	6.3 Title	6.4 Commenced (mm/yy)
6.5 Previous employer, address/work place	6.6 Country	6.7 Title	6.8 From - to (mm/yy)

7 Criminal Offences in Norway or Abroad (in addition to other things)		
7.1 Have you ever been reported to the police?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
7.2 Have you ever been criminally charged?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
7.3 Have you ever had a case involving the police that has been dropped?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
7.4 Have you ever had a case settled in the conflict council?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
7.5 Has the prosecution ever dismissed a criminal proceedings case against you?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
7.6 Have you ever been fined?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
7.7 Have you ever been convicted (conditional, unconditional prison sentence or community service)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
7.8 Have you ever been imposed sanctions for disciplinary code violation or disciplinary sanctions (military/civil)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If you answered Yes to any of the questions in section 7, please provide a detailed explanation including timeframe and circumstances below (use a separate sheet if necessary). You must explain thoroughly the circumstances involved, but only once for each offence.		
Explanation to:		

Required Fields	Personal Identification Number (11 digits)	Surname	First name

8 Financial Situation	
8.1 How would you describe your financial situation?	<input type="checkbox"/> Good <input type="checkbox"/> Manageable <input type="checkbox"/> Hard/difficult <input type="checkbox"/> Don't know
8.2 Have you defaulted on financial claims which have resulted in special arrangements with creditors, debt collectors or any kind of enforcement including salary deductions during the last 10 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes
8.3 Have you ever been imposed a bankruptcy quarantine?	<input type="checkbox"/> No <input type="checkbox"/> Yes
8.4 Have you incurred debt as a result of gambling in the last 10 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If you answered hard/difficult , don't know or Yes in section 8.1 to 8.4, please provide a detailed explanation including timeframe and circumstances below (use a separate sheet if necessary).	
Explanation to:	

9 Alcohol, Drugs and Doping	
9.1 Describe your attitude towards alcohol	
9.2 Describe your attitude towards drugs	
9.3 Describe your attitude towards doping	
9.4 Have you received negative reactions regarding your use of alcohol, drugs and/or doping during the last 10 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes
9.5 Have you been involved in regrettable incidents where the use of alcohol, drugs and/or doping has been a contributing cause during the last 10 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes
9.6 Have you used doping and/or illegal drugs/medicines in the last 10 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes
9.7 Have you requested or received any medical or other help for problems with alcohol, drugs, doping or medication abuse during the last 10 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If you answered Yes to any of the questions in section 9.4 – 9.7 please provide a detailed explanation of the timeframe and circumstances below (use a separate sheet if necessary). The description in section 9.1-9.3 shall as a minimum cover quantity, frequency, circumstances and attitude towards alcohol, drugs and doping.	
Explanation to:	

10 Information on Health	
10.1 Are you currently receiving treatment for mental illness/have you received treatment for mental illness in the last 10 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes
10.2 Do you suffer from an illness that medically may cause a reduction in your power of judgement either permanently or temporarily?	<input type="checkbox"/> No <input type="checkbox"/> Yes
10.3 Do you regularly use drugs that can affect your power of judgement?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If you answered Yes to any of the questions in section 10, please provide a detailed explanation including timeframe and circumstances below (use a separate sheet if necessary).	
Explanation to:	

Required Fields	National Identity Number (11 digits)	Surname	First name										
	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												

11 Relationship to Other Countries than Norway – The Individual and Relatives

11.1 Have you ever had property, investments or other financial assets abroad?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
11.2 Do you send/receive money to/from other countries?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
11.3 Have you ever been employed by, served for, applied for projects in, or been asked to perform projects for other countries?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
11.4 Have you ever had contact with representatives from the embassy or consulate of other countries?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
11.5 Have you had continuous residence for three months or repeated short stays in other countries? (with the exception of residence abroad specified in section 2.24).	<input type="checkbox"/> No	<input type="checkbox"/> Yes
11.6 Do you have a valid passport from another country?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
11.7 Do you have any other affiliation to other countries not covered by the questions in section 11.1-11.6, that you believe may be of interest to the security authorities?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

If you answered Yes to any of the questions in section 11 – please provide a detailed explanation including the State, timeframe and circumstances below (use a separate sheet if necessary).

Explanation to:	

Relatives: spouse, partner, cohabitant, (hereunder previous cohabitants, spouses, partners the last three years), parent to joint children, children (hereunder step/foster children), parents (hereunder step/foster parents) and siblings (hereunder half/step/foster siblings).

If you answer Yes to any of the questions in section 11.8 to 11.13 about your relatives, please identify the relatives it applies to, the State concerned and provide a detailed explanation of the circumstances in the explanation section below.

11.8 Do you know if any of your relatives have ever had property, investments or other financial assets abroad	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If Yes, remember to provide an explanation below. Identify relatives it applies to, State concerned, timeframe and circumstances.
11.9 Do you know if any of your relatives that you share a residence with sends/receives money to/from other countries?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
11.10 Do you know if any of your relatives have ever been employed by, served for, applied for a project in, or been asked to perform a project for other countries?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
11.11 Do you know if you have relatives that have had citizenship or a valid passport from another country?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
11.12 Do you know if any of your relatives have any other connection to other countries (authorities, organisations, entities abroad) not covered by the questions in section 11 that you believe may be of interest to the security authorities?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
11.13 Do you know if you have any relatives outside the Nordic countries?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

If you answered Yes to any of the questions in section 11 – please provide a detailed explanation including the state, timeframe and circumstances below (use a separate sheet if necessary).

Explanation to:	

12 Other Security Information – The Individual and Relatives

12.1 Have you ever had contact with individuals, organisations or groups in Norway or abroad that may be involved in the planning, preparation or execution of acts of espionage, sabotage or terrorism?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
12.2 Have you ever had contact with individuals, organisations or groups in Norway or abroad that may be involved in organised crime?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
12.3 Do you know if any of your relatives have ever had such contact with the above mentioned sections 12.1 and 12.2?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If Yes, remember to provide an explanation below. Identify relatives it applies to, State concerned, timeframe and circumstances
12.4 Do you know if you have relatives who have been convicted in Norway or abroad?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
12.5 Are there other issues not covered by previous answers on this form that you think may affect the assessment of your suitability for access to classified information?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

If you answered Yes to any of the questions in section 12 – please provide a detailed explanation including the state, timeframe, circumstances and if relevant which relatives it is regarding below (use a separate sheet if necessary).

Explanation to:	

Required Fields	Personal Identity Number (11 digits)	Surname	First name

NB! If any of your relatives in section 13-21 are no longer living, write the name of the person only.

13 Current Cohabitant/Spouse/Partner Information required if the clearance levels are S, TS and CTS .				
13.1 Surname of current cohabitant/spouse/partner (also previous, if any), first and middle names		13.2 Date of birth (6 digits)	13.3 Pers.id.no. (5 digits)	
13.4 Place of birth		13.5 Country of birth		
13.6 Current citizenship		13.7 Date of current citizenship		
13.8 Does the person concerned have a valid citizenship from another country? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, please state which country		From date
13.9 Has the person concerned previously held the citizenship of another country? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, please state which country		Expiry Date
With residence abroad for a total of 12 months or more during the last 10 years (in the same country) the full home address must be provided.				
13.10 Home address abroad (not post box)	13.11 Postal code/zip code	13.12 City/Town/Suburb	13.13 Country	13.14 From-to (mm/yy)
13.15 Do you have joint children with the person named in section 13? <input type="checkbox"/> No <input type="checkbox"/> Yes				

14 Previous Cohabitant/Spouse/Partner in the Last 3 Years Information required if the clearance levels are S, TS and CTS .				
14.1 Surname of previous cohabitant/spouse/partner (also former names, if any), first and middle names		14.2 Date of birth (6 digits)	14.3 Pers.id.no. (5 digits)	
14.4 Place of birth		14.5 Country of birth		
14.6 Current citizenship		14.7 Date of current citizenship		
14.8 Does the person concerned have a valid citizenship of another country? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, please state which country		From date
14.9 Has the person concerned previously held the citizenship of another country? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, please state which country		Expiry Date
With residence abroad for a total of 12 months or more during the last 10 years (in the same country) the full home address must be provided.				
14.10 Home address abroad (not post box)	14.11 Postal code/zip code	14.12 City/Town/Suburb	14.13 Country	14.14 From-to (mm/yy)
14.15 Do you have joint children with the person named in section 14? <input type="checkbox"/> No <input type="checkbox"/> Yes				
14.16 Date of separation/end of cohabitation, if applicable		14.17 Date of divorce/end of partnership, if applicable		

15 The Other Parent of Joint Children (not to be filled in if the person is named in section 13 or 14, or if the joint child is over the age of 18). Information required if the clearance levels are TS and CTS .				
15.1 Surname of the other parent of joint children (also previous, if any), first and middle names		15.2 Date of birth (6 digits)	15.3 Pers.id.no. (5 digits)	
15.4 Place of birth		15.5 Country of birth		
15.6 Current citizenship		15.7 Date of current citizenship		
15.8 Does the person concerned have valid citizenship of another country? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, please state which country		From date
15.9 Has the person concerned previously held the citizenship of another country? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, please state which country		Expiry Date
With residence abroad for a total of 12 months or more during the last 10 years (in the same country), the full home address must be provided.				
15.10 Home address abroad (not post box)	15.11 Postal code/zip code	15.12 City/Town/Suburb	15.13 Country	15.14 From-to (mm/yy)

Required Fields	Personal Identification Number (11 digits)	Surname	First name

NB! If any of your parents are no longer living, write the name of the person only.

16 Mother of the Individual				
Information required if the clearance levels are TS and CTS .				
16.1 Surname (also previous, if any), first and middle names		16.2 Date of birth (6 digits)		16.3 Pers.id.no (5 digits)
16.4 Place of birth		16.5 Country of birth		
16.6 Current citizenship		16.7 Date of current citizenship		
16.8 Does the relative have a valid citizenship of another country?		If yes, please state which country		From date
<input type="checkbox"/> No <input type="checkbox"/> Yes				
16.9 Has the relative previously held the citizenship of another country?		If yes, please state which country		Expiry Date
<input type="checkbox"/> No <input type="checkbox"/> Yes				
With residence abroad for a total of 12 months or more during the last 10 years (in the same country), the full home address must be provided.				
16.10 Home address abroad (not post box)	16.11 Postal code/zip code	16.12 City/Town/Suburb	16.13 Country	16.14 From-to (mm/yy)

17 Father of the Individual				
Information required if the clearance levels are TS and CTS .				
17.1 Surname (also previous, if any), first and middle names		17.2 Date of birth (6 digits)		17.3 Pers.id.no. (5 digits)
17.4 Place of birth		17.5 Country of birth		
17.6 Current citizenship		17.7 Date of current citizenship		
17.8 Does the relative have a valid citizenship of another country?		If yes, please state which country		From date
<input type="checkbox"/> No <input type="checkbox"/> Yes				
17.9 Has the relative previously held the citizenship of another country?		If yes, please state which country		Expiry Date
<input type="checkbox"/> No <input type="checkbox"/> Yes				
With residence abroad for a total of 12 months or more during the last 10 years (in the same country), the full home address must be provided.				
17.10 Home address abroad (not post box)	17.11 Postal code/zip code	17.12 City/Town/Suburb	17.13 Country	17.14 From-to (mm/yy)

Required Fields	Personal Identification Number (11 digits)	Surname	First name

NB! If any of your step/foster parents are no longer living, write the name of the person only.

18 The individuals Step Mother/Foster Mother				
Information required if the clearance levels are TS and CTS .				
18.1 Surname (also previous, if any), first and middle names	Step - mother <input type="checkbox"/>	18.2 Date of birth (6 digits)	18.3 Pers.id.no. (5 digits)	
	Foster - mother <input type="checkbox"/>			
18.4 Place of birth	18.5 Country of birth			
18.6 Current citizenship	18.7 Date of current citizenship			
18.8 Does the relative have a valid citizenship from another country? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please state which country		From date	
18.9 Has the relative previously held the citizenship of another country? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please state which country		Expiry Date	
With residence abroad for a total of 12 months or more during the last 10 years (in the same country) the full home address must be provided.				
18.10 Home address abroad (not post box)	18.11 Postal code/zip code	18.12 City/Town/Suburb	18.13 Country	18.14 From-to (mm/yy)

19 The individuals Step Father/Foster Father				
Information required if the clearance levels are TS and CTS .				
19.1 Surname (also previous, if any), first and middle names	Step - father <input type="checkbox"/>	19.2 Date of birth 6 digits	19.3 Pers.id.no. (5 digits)	
	Foster - father <input type="checkbox"/>			
19.4 Place of birth	19.5 Country of birth			
19.6 Current citizenship	19.7 Date of current citizenship			
19.8 Does the relative have a valid citizenship of another country? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please state which country		From date	
19.9 Has the relative previously held the citizenship of another country? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please state which country		Expiry Date	
With residence abroad for a total of 12 months or more during the last 10 years (in the same country), the full home address must be provided.				
19.10 Home address abroad (not post box)	19.11 Postal code/zip code	19.12 City/Town/Suburb	19.13 Country	19.14 From-to (mm/yy)

Stepparent:

One of your parents' current cohabitant, spouse, partner who is not your mother or father, but who you grew up with in whole or in part, before the age of 18.

Stepchildren:

Children of your current cohabitant/spouse/partner, who you are not a mother/father to, but who have had all or part of his/her years of growth with you, before the age of 18.

Stepsiblings:

Children of your mother's or father's current cohabitant/spouse/partner (stepparent), which you have shared all or part of your years of growth with, before the age of 18.

Foster parent:

Caregivers who you grew up with/shared residence with in a foster home assigned by child welfare services, and to whom you still have an affiliation.

Foster children:

Children who have grown up in a whole or in part with you in foster care assigned by child welfare services, and to whom you still have an affiliation.

Foster siblings:

A person who fully or partly grew up with you, and to whom you still have an affiliation.

Required Fields	Personal Identification Number (11 digits)	Surname	First name

NB! If any of your children, including step/foster children, are no longer living, write the name of the child only.

20 The Individuals Children Including Step-Children/Foster Children

Information required if the clearance levels are TS and CTS.

20.1 Surname of child (also previous, if any), first and middle names		20.2 Date of birth 6 digits	20.3 Pers.id.no.(5 digits)	
20.4 Place of birth		20.5 Country of birth		
20.6 Current citizenship		20.7 Date of current citizenship		
20.8 Does the relative have a valid citizenship of another country? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, please state which country		From date
20.9 Has the relative previously held the citizenship of another country? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, please state which country		Expiry Date
With residence abroad for a total of 12 months or more during the last 10 years (in the same country), the full home address must be provided.				
20.10 Home address abroad (not post box)	20.11 Postal code/zip code	20.12 City/Town/Suburb	20.13 Country	20.14 From-to (mm/yy)
20.1 Surname of child (also previous, if any), first and middle names		20.2 Date of birth 6 digits	20.3 Pers.id.no.(5 digits)	
20.4 Place of birth		20.5 Country of birth		
20.6 Current citizenship		20.7 Date of current citizenship		
20.8 Does the relative have a valid citizenship of another country? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, please state which country		From date
20.9 Has the relative previously held the citizenship of another country? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, please state which country		Expiry Date
With residence abroad for a total of 12 months or more during the last 10 years (in the same country), the full home address must be provided.				
20.10 Home address abroad (not post box)	20.11 Postal code/zip code	20.12 City/Town/Suburb	20.13 Country	20.14 From-to (mm/yy)
20.1 Surname of child (also previous name, if any), first and middle names		20.2 Date of birth 6 digits	20.3 Pers.id.no.(5 digits)	
20.4 Place of birth		20.5 Country of birth		
20.6 Current citizenship		20.7 Date of current citizenship		
20.8 Does the relative have a valid citizenship of another country? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, please state which country		From date
20.9 Has the relative previously held the citizenship of another country? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, please state which country		Expiry Date
With residence abroad for a total of 12 months or more during the last 10 years (in the same country), the full home address must be provided.				
20.10 Home address abroad (not post box)	20.11 Postal code/zip code	20.12 City/Town/Suburb	20.13 Country	20.14 From-to (mm/yy)
20.1 Child's surname (also previous, if any), first- and middle names		20.2 Date of birth 6 digits	20.3 Pers.id.no.(5 digits)	
20.4 Place of birth		20.5 Country of birth		
20.6 Current citizenship		20.7 Date of current citizenship		
20.8 Does the relative have a valid citizenship of another country? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, please state which country		From date
20.9 Has the relative previously held the citizenship of another country? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, please state which country		Expiry Date
With residence abroad for a total of 12 months or more during the last 10 years (in the same country), the full home address must be provided.				
20.10 Home address abroad (not post box)	20.11 Postal code/zip code	20.12 City/Town/Suburb	20.13 Country	20.14 From-to (mm/yy)

Required Fields	Personal Identification Number (11 digits)	Surname	First name

NB! If any of your siblings, including half/step/foster siblings, are no longer living, write the name of the sibling only.

21 The individuals Siblings Including Half/Step/Foster Siblings
Information required if the clearance levels are **TS** and **CTS**.

21.1 Surname of sibling' (also previous, if any), first and middle names		21.2 Date of birth (6 digits)	21.3 Pers.id.no.(5 digits)	
21.4 Place of birth		21.5 Country of birth		
21.6 Current citizenship		21.7 Date of currentcitizenship		
21.8 Does the relative have a valid citizenship of another country? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, please state which country		From date
21.9 Has the relative previously held the citizenship of other country? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, please state which country		Expiry date
With residence abroad for a total of 12 months or more during the last 10 years (in the same country) the <u>full</u> home address must be provided.				
21.10 Home address abroad (notpost box)	21.11 Postal code/zip code	21.12 City/Town/Suburb	21.13 Country	21.14 From-to (mm/yy)
21.1 Surname of sibling (also previous, if any), first and middle names		21.2 Date of birth (6 digits)	21.3 Pers.id.no.(5 digits)	
21.4 Place of birth		21.5 Country of birth		
21.6 Current citizenship		21.7 Date of currentcitizenship		
21.8 Does the relative have a valid citizenship of another country? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, please state which country		From date
21.9 Has the relative previously held the citizenship of another country? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, please state which country		Expiry date
With residence abroad for a total of 12 months or more during the last 10 years (in the same country) the <u>full</u> home address must be provided.				
21.10 Home address abroad (notpost box)	21.11 Postal code/zip code	21.12 City/Town/Suburb	21.13 Country	21.14 From-to (mm/yy)
21.1 Siblings surname (also previous, if any), first and middle names		21.2 Date of birth (6 digits)	21.3 Pers.id.no.(5 digits)	
21.4 Place of birth		21.5 Country of birth		
21.6 Current citizenship		21.7 Date of currentcitizenship		
21.8 Does the relative have a valid citizenship of another country? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, please state which country		From date
21.9 Has the relative previously held the citizenship of another country? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, please state which country		Expiry date
With residence abroad for a total of 12 months or more during the last 10 years (in the same country) the <u>full</u> home address must be provided.				
21.10 Home address abroad (notpost box)	21.11 Postal code/zip code	21.12 City/Town/Suburb	21.13 Country	21.14 From-to (mm/yy)
21.1 Surname of sibling (also previous name, if any), first- and middle names		21.2 Date of birth (6 digits)	21.3 Pers.id.no.(5 digits)	
21.4 Place of birth		21.5 Country of birth		
21.6 Current citizenship		21.7 Date of currentcitizenship		
21.8 Does the relative have a valid citizenship of another country? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, please state which country		From date
21.9 Has the relative previously held the citizenship of another country? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, please state which country		Expiry Date
With residence abroad for a total of 12 months or more during the last 10 years (in the same country) the <u>full</u> home address must be provided.				
21.10 Home address abroad (notpost box)	21.11 Postal code/zip code	21.12 City/Town/Suburb	21.13 Country	21.14 From-to (mm/yy)

Required Fields	Personal Identification Number (11 digits)	Surname	First name

22 References	
Provide two references. One should be from education or employment and the other a character reference. References must not be relatives. References must reside in Norway and preferably be above the age of 25.	
22.1 Surname, first and middle names of the referee from employment	22.2 Title
22.3 Address	22.4 Country
22.5 Private telephone number/mobile phone number	22.6 Telephone number at work
22.7 Surname, first and middle names of the character reference	22.8 Title
22.9 Address	22.10 Country
22.11 Private telephone number/mobile phone number	22.12 Telephone number at work

23 Notes/Comments from the Individual (use a separate sheet if necessary)

24 Number of Enclosures
Specify the number of enclosures you are including with this form (due to lack of space for explanations, siblings, foreign addresses, etc.)

25 Signature of the Individual	
I hereby give my consent to vetting. I have read the "Guidance for Completing the Personal Particulars Form" and confirm that the information I conscientiously have provided is true to the best of my knowledge. I am aware that inadequate completion of this form can be interpreted as withholding information from the Security Clearance Authority and may lead to a negative clearance decision.	
25.1 Place and date	25.2 Signature (the individual)

26 Clearance Decision (for the Security Clearance Authority)					
26.1 Clearance authority	26.2 National clearance	26.3 NATO clearance	26.4 Decision may be reviewed (earliest date)	26.5 Terms	Doc.ref.
				<input type="checkbox"/> No <input type="checkbox"/> Yes	
26.6 Place and date	26.7 Signature				

27 Revalidation - The individual must fill in this section before the Requesting Authority submits the form to the Security Clearance Authority	
I hereby confirm that I have carefully reviewed this form for revalidation. I am aware that failure to report changes that have occurred since the last clearance decision was made may be interpreted as withholding information from the Security Clearance Authority, and may lead to a negative clearance decision.	
27.1 Changes (provide information on which sections have been amended in section 23)	
<input type="checkbox"/> No changes since the last clearance <input type="checkbox"/> Changes made in section(s) of this form <input type="checkbox"/> Changes made on a separate enclosure	
27.2 Place and date	27.3 Signature of the individual