



NASJONAL  
SIKKERHETSMYNDIGHET

## Reclearance Attachment

To be used when page 1 of the Personal Data Form was filled in at the previous request. To be attached in front of the Personal Data Form

<b>Must be filled in</b>	Date of birth & ID no. (11 digits) of security clearance applicant	Family name	Given name
<b>1.1 Requesting entity/Procurement authority</b>			
Requesting entity		Clearance authority	Reg. no.
The requester shall cross off for which <u>clearance level</u> and <u>type</u> 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"/>	
SECRET (S) <input type="checkbox"/>		NATO SECRET (NS) <input type="checkbox"/>	
TOP SECRET (TS) <input type="checkbox"/>		COSMIC TOP SECRET (CTS) <input type="checkbox"/>	
Indicate duration of clearance requirement. Applies in particular to brief assignments, etc. Maximum validity period is five years.			
One year <input type="checkbox"/>		Two years <input type="checkbox"/>	
Three years <input type="checkbox"/>		Four years <input type="checkbox"/>	
Five years <input type="checkbox"/>		Or to this date (max. five years) <input type="checkbox"/>	

<b>1.2 Basis for requirement: state the legal provision on which the need for clearance is based</b>			
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(9) and 4-1a (4) 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 <b>Yes</b> . 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 <b>shall</b> be described on a separate sheet of paper, if necessary.			
Description point:			

<b>1.3</b>	Is the requester aware of any other relevant security information related to the person requiring clearance? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, enclose documentation with the application form.
<b>1.4</b>	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? <input type="checkbox"/> No <input type="checkbox"/> Yes If no, return the form to the main person for <u>correct completion</u> before it is forwarded to CA.

<b>1.5</b>	Date, signature and stamp of (the requesting entity) Adresse	<b>1.6</b>	Date of the applicant's signature on the Personal Data Form
<b>1.7</b>	Name and position in block capitals (ref. signature in point 1.5) Telephone no.:	<b>1.8</b>	Total number of attachments to this form

<b>Clearance decision (to be filled in by the clearance authority)</b>					
Clearance authority	Recleared for national	Recleared for NATO	Decision can be considered on (date) at the earliest	Conditions	Doc. ref.
				<input type="checkbox"/> No <input type="checkbox"/> Yes	
Place and date	Signature (CA)				