



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

Must be filled in	Date of birth & ID no. (11 digits) of security clearance applicant	Family name	Given name														
1.1 Requesting entity/Procurement authority																	
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.																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align:center;">CONFIDENTIAL (C) <input type="checkbox"/></td> <td style="width:50%; text-align:center;">NATO CONFIDENTIAL (NC) <input type="checkbox"/></td> </tr> <tr> <td style="text-align:center;">SECRET (S) <input type="checkbox"/></td> <td style="text-align:center;">NATO SECRET (NS) <input type="checkbox"/></td> </tr> <tr> <td style="text-align:center;">TOP SECRET (TS) <input type="checkbox"/></td> <td style="text-align:center;">COSMIC TOP SECRET (CTS) <input type="checkbox"/></td> </tr> </table>		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. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align:center;">One year <input type="checkbox"/></td> <td style="width:25%; text-align:center;">Two years <input type="checkbox"/></td> <td style="width:25%; text-align:center;">Three years <input type="checkbox"/></td> <td style="width:25%; text-align:center;">Four years <input type="checkbox"/></td> </tr> <tr> <td style="text-align:center;">Five years <input type="checkbox"/></td> <td colspan="3" style="text-align:center;">Or to this date (max. five years)</td> </tr> </table>		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)		
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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? <input type="checkbox"/> No <input type="checkbox"/> 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? <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.

1.5 Date, signature, stamp and address of (the requesting entity)	1.6 Date of the applicant's signature on the Personal Data 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

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