



Supplier Attachment

To be submitted along with the Personal Data Form. One supplier attachment for each security clearance applicant.

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

<p>Important information for suppliers of classified procurements</p> <p>The Supplier Attachment shall only be filled in if the supplier is included in a classified procurement and the supplier has the authority responsibility.</p> <p>Before the security clearance applicant receives the Personal Data Form to complete, the person in charge of authorisations shall fill in the clearance level that the applicant requires. This shall be done on page 2 of the form under “<i>Important information for the security clearance applicant</i>”.</p> <p>The security clearance applicant fills in the Personal Data Form and sends it to the person in charge of authorisations. The person in charge of authorisations shall fill in the Supplier Attachment (for guidance on filling in point 1.1 and 1.2, see the first page of the Personal Data Form under the point named <i>Important information</i>).</p> <p>The documents shall be sent as provided in classified procurement in point 2.5.2. The guidance is available on www.nsm.stat.no/publikasjoner/skjema.</p>
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1.1 Supplier					
Supplier	Procurement 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"/>	Indicate duration of the clearance requirement. This applies in particular to brief assignments, etc. max. validity period is 5 years.			
SECRET (S) <input type="checkbox"/>	NATO SECRET (NS) <input type="checkbox"/>				
TOP SECRET (TS) <input type="checkbox"/>	COSMIC TOP SECRET (CTS) <input type="checkbox"/>				
		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)		

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 5-15 of regulations relating to information security. (Administrator rights and physical access to server room)	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
1.2.4 Section 19 (3)* of the Security Act. (Risk of accidental access)	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
1.2.4.1 Section 6-8 of the regulations relating to information security. (Protected area)	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
1.2.4.2 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 1.2.4 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 there 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 Date, signature and stamp of (supplier)	1.5 Total number of attachments to this form
1.6 Name and position in block capitals (ref. signature in point 1.4)	
Telephone no.:	