

AIRCRAFT SURVIVABILITY SYMPOSIUM 2009

NOVEMBER 3-6, 2009

SECURITY CLEARANCE FORM

**Fax or mail completed form to Security POC, Monica Lippolis.
Form must be received by October 23, 2009.**

Tel: (937) 656-7008/DSN: 986-7008

Fax: (937) 656-7074/DSN: 986-7074

AFRL/SNS, Bldg. 254, 2591 K Street, Wright-Patterson AFB, OH

PART 1. ATTENDEE INFORMATION: Completed by the attendee. Do not use acronyms when completing company name and address information.

Printed/Typed Name (Dr./Ms./Mrs./Mr./Col./Grade Level, etc.): _____

SSN: _____ Citizenship: _____

Birth Date: ____/____/____ Birth Place: _____

E-Mail Address: _____

Company/Organization/Office Symbol: _____

Note: Classified Notebook may be mailed to the below specified address after the event for a fee of \$25, to be paid onsite.

Classified Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

PART 2. NEED-TO-KNOW CERTIFICATION: Government Attendees – Must be completed by supervisor.

DoD Contractors – Must be completed by Government Contracting Officer.

“I certify that attendance is necessary in the interest of National Security and that the attendee has the need-to-know in conjunction with work being performed on a current government contract or IR&D.”

Printed/Typed Name of Authorizing Official: _____

Company/Organization: _____

Address: _____

Signature/Phone Number/Date: _____

PART 3. CLEARANCE CERTIFICATION: Completed by the Security Officer.

“I hereby certify that the individual named in Part 1 (above) is a U.S. citizen and has a current clearance of SECRET or higher.”

Issuing Agency _____ on _____ and that his/her address for classified mail is: _____

_____ FSC Nr: _____

Security Officer's Name/Phone Number: _____

Security Officer's Address: _____

Security Officer's Signature: _____ Date: _____