

**Security Certification Form**  
**7th Annual Disruptive Technologies**  
**Conference**  
**Event #1920, October 13-14, 2010**

**INSTRUCTIONS**

1. Each attendee must bring a current picture ID to gain admittance to the conference.
2. Briefcases, laptops, recorders, cameras, cell phones or transmission equipment will not be allowed in the meeting room and should not be brought to the site.
3. Mail or Fax completed certifications by October 1, 2010 to:

Stephen Poe  
Associate Security Officer  
Fax: (202) 646-0176  
spoe@alionscience.com

**PART 1 - IDENTIFYING DATA**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
SSN: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
POC: \_\_\_\_\_ Purpose of Visit: Disruptive Technologies Conference  
Citizenship: \_\_\_\_\_ Rank (Gov. Only): \_\_\_\_\_  
Company/Org: \_\_\_\_\_ Date of Visit: October 13-14, 2010  
Phone: \_\_\_\_\_ Company SMO/Cage Code: \_\_\_\_\_  
Date of Clearance: \_\_\_\_\_  
Address: \_\_\_\_\_

**PART 2 - VISIT REQUEST SUBMISSION**

All visit requests are to be submitted via JPAS no later than October 1 with the following information provided.

Conference POC: Dr. Steven Kimmel  
Conference Dates: October 13-14, 2010  
Conference CAGE: 4LYR0 (zero, not capital letter o)  
Purpose: To attend meeting  
Phone: 202-756-3800  
FAX: 202-646-0176

**PART 3 - SECURITY OFFICER AUTHORIZATION**

“I certify that the individual in PART 1 above is a US Citizen, and has a current clearance of SECRET or higher.”

Issuing Agency: \_\_\_\_\_ Date Investigation Completed: \_\_\_\_\_  
Name of Security Officer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Security Officer Address: \_\_\_\_\_  
Signature and Date: \_\_\_\_\_