SPIRITS AC Computer Code
Clearance and Need-to-Know

PART I. Applicants Information:

Name: _____ Social Security No.: _____
         (last)   *(first)*   *(MI)*

Facility Address: _____
                  (organization / division)   *(Attention / mail code)*

_____
         (street address)   *(city, state, ZIP code)*

Business Phone: _____ Fax No.: _____ e-mail: _____

Birth Date: _____ Birth Place: _____ Citizenship: _____

Signature: _____ Date: _____

PART II. Clearance and Need-to-Know Certification:

A. CLEARANCE CERTIFICATION – for Government & Industry (to be completed by the Facility Security Officer (FSO))
Restricted to U.S. citizens who possess a personal security clearance of at least Secret with a need-to-know in the areas of rocket, missile, space, or gun propulsion.

Certification is made herewith that the above named individual has a Security Clearance of (degree) _____ granted

by _____ on (date) _____ and that his/her address for classified mail is _____

_____

which has a current facility clearance of _____ issued by: (Cognizant Office) _____

Signature of Facility Security Officer: _____ Telephone: _____

Title: _____ Date: _____ Cage Code: _____

DLA Certification Number: _____

B. NEED-TO-KNOW CERTIFICATION – for Government & Industry (to be completed by FSO or Qualified Government Official
I hereby certify as a Facility Security Officer (if non-government facility subscribes to CPIAC services at the SECRET level) or authorized Government Certifying Official that the applicant is an employee of the above named organization, has a requisite need-to-know and is qualified to receive militarily critical technical data as defined by DoD Directive 5230.25.

Name (print): _____ Position Title: _____

Agency: _____ Telephone: _____

Signature: _____ Date: _____

Technical reason the model is required (to be completed by Government Employee or, for contractors, the Government Technical Monitor) – Please provide complete and concise information or the application may be returned for additional details.

_____

_____

_____

Contract Number (classified contract) _____ Expiration Date: _____

Government Name (Print): _____ Email: _____

Government Signature: _____ Agency: _____ Telephone: _____