

**PERSONNEL SECURITY CLEARANCE
CHANGE NOTIFICATION**

FORM APPROVED:
OMB No: 0704-0418
EXP DATE:

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PLEASE DO NOT RETURN YOUR APPLICATION TO THE ABOVE ADDRESS. RETURN COMPLETED APPLICATION TO: Defense Industrial Security Clearance Office.

WARNING

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1. TYPE OF ACTION: ("X" APPROPRIATE ACTION BOX AND SEE INSTRUCTIONS BELOW FOR BOX C, D, G, J, K, L, AND O)

<input type="checkbox"/> A. CONCURRENT (Complete item 13 below)	<input type="checkbox"/> B. CONVERSION (Complete items 13 & 14 below)	<input type="checkbox"/> C. REINSTATEMENT (Complete item 13 below)
<input type="checkbox"/> D. MULTIPLE FACILITY TRANSFER (Complete item 13 And refer to item 15 below)	<input type="checkbox"/> E. ADMINISTRATIVE TERMINATION	<input type="checkbox"/> F. ASSIGNED OVERSEAS
<input type="checkbox"/> G. CITIZENSHIP (Refer to item 15 below)	<input type="checkbox"/> H. CORRECTION OF DATE AND PLACE OF BIRTH	<input type="checkbox"/> I. DOWNGRADE
<input type="checkbox"/> J. EMPLOYMENT TERMINATION (Complete item 3 below)	<input type="checkbox"/> K. MARITAL STATUS CHANGE	<input type="checkbox"/> L. NAME CHANGE
<input type="checkbox"/> M. REQUEST FOR DUPLICATE LETTER OF CONSENT	<input type="checkbox"/> N. RETURN FROM OVERSEAS	<input type="checkbox"/> O. SSN CORRECTION
<input type="checkbox"/> P. STATUS CHANGE TO: (Circle One) Key Management Personnel (KMP) – Consultant-Employee	<input type="checkbox"/> Q. UPGRADE	<input type="checkbox"/> R. OTHER (Do NOT use unless none of the other blocks apply.)

2. EFFECTIVE DATE OF ACTION (Excluding Actions, A, B, C, H, M, O)

3. TERMINATION REQUEST FOR (Complete if item 1J above is marked)

<input type="checkbox"/> ACTIVE CLEARANCE	<input type="checkbox"/> PENDING CLEARANCE
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4. NAME, ADDRESS, AND ZIP CODE OF EMPLOYER:

4a. CAGE CODE
4b. TELEPHONE NO. (Include area code)

5. NAME OF THE EMPLOYEE (Last, First, Middle Initial):

5. ALIAS, MAIDEN OR OTHER NAMES USED:

7. DATE OF BIRTH: 8. PLACE OF BIRTH (city, state): 9. CITIZEN OF (country): 10. SOCIAL SECURITY NUMBER:

11. STATUS OF EMPLOYEE (check one):

<input type="checkbox"/> CONTRACTOR EMPLOYEE	<input type="checkbox"/> KMP	<input type="checkbox"/> CONSULTANT
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12. LEVEL OF CLEARANCE REQUESTED (if applicable):

13. CLEARANCE INFORMATION INCLUDING COMPANY CONFIDENTIAL CLEARANCE

<input type="checkbox"/> CURRENT	<input type="checkbox"/> PENDING
<input type="checkbox"/> PRIOR (within 24 months)	<input type="checkbox"/> NONE

13a. LEVEL OF CLEARANCE: 13b. DATE OF CLEARANCE: 13c. CLEARANCE BY:

14. CONVERSION INFORMATION -LIST: Separation Date, Verifying Agency, Name & Address, or Attach DD Form 214/SF50 (If not an Honorable Discharge, Explain in item 15).

15. Remarks: Give appropriate information for item 1C. Provide adverse information below or by attached letter, if not previously submitted. Item 1D. Provide name, address, and cage code of facility to which transferred. Item 1G. Provide certificate number, date, city, county and state of naturalization, and name of court. Item 1J. If death has occurred, state, "Deceased" and provide date of death. Item 1K. Provide name of new spouse or ex-spouse and date of marriage or divorce. Item 1L. Provide new name of employee in order of last name, first name, middle name. Item 1O. Place incorrect SSN in remarks (correct SSN in item 10).

16. I CERTIFY THAT THE ENTRIES MADE ABOVE ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.
(SIGNATURE AND TYPED NAME OF FACILITY SECURITY OFFICER)

DATE