

DEPARTMENT OF HOMELAND SECURITY
CIKR Sector Clearance Program Request

OMB No. 1670-####
 Expiration Date: MM/DD/YYYY

****Please complete the form with the exception of your SSN, Date of Birth, and Place of Birth. You will be contacted directly by a DHS Security Specialist for this information.**

FULL NAME:		DATE:	
COMPANY NAME/ADDRESS:		SECTOR:	
		DEGREE OF CLEARANCE: SECRET	RECIPROCITY/REINSTATEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
PHONE:	EMAIL ADDRESS:		

BACKGROUND INFORMATION

DATE OF BIRTH:	PLACE OF BIRTH:	SOCIAL SECURITY NUMBER:	U.S. CITIZEN: <input type="checkbox"/> YES <input type="checkbox"/> NO
JUSTIFICATION:			
Subject serves as _____ . Subjects responsibilities include _____ <small>(Position within company)</small>			
Subject's association memberships include _____			
Subject's positions require coordination with the Department of Homeland Security and the sharing of classified information regarding threats to and protection of the nation's critical infrastructure involving the _____ Sector.			
<i>*Provide the following information if you previously held or currently hold a clearance*</i>			
Subject <input type="checkbox"/> previously held <input type="checkbox"/> currently holds a <input type="checkbox"/> Secret <input type="checkbox"/> Top Secret clearance sponsored by _____ <small>(Name of agency)</small>			
Subject <input type="checkbox"/> retired/separated or <input type="checkbox"/> will retire/separate from _____ <small>(Date)</small> <small>(Name of agency)</small>			
The agency security official (or office) holding the record of subject's (previous or current) clearance is _____ <small>(Name of individual and/or office)</small> <small>(Telephone and/or email address)</small>			

NOMINATOR: <div style="text-align: center;">X _____ <small>(SIGNATURE)</small></div>	DATE:
DIVISION DIRECTOR, POD: <div style="text-align: center;">X _____ <small>(SIGNATURE)</small></div>	<input type="checkbox"/> Concur <input type="checkbox"/> Non-Concur DATE:

Paperwork Burden Notice: The public reporting burden for this form is estimated to be 10 minutes. The burden estimate includes time for reviewing instructions, researching existing data sources, gathering and maintaining the needed data, and completing and submitting the form. Your response is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed. **Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to DHS/NPPD/Partnership and Outreach Division, MS 8530, 245 Murray Lane SW, Bldg 410, Washington DC 20528. ATTN: PRA (1670-XXXX).** NOTE: DO NOT send your completed form to this address.

Privacy Statement: Authority: Section 201 of the Homeland Security Act; Executive Order 12958 (as amended by Executive Order 13292); and Executive Order 12968 authorizes the collection of this information.

Purpose: DHS will use this information to conduct a background investigation and potentially grant a security clearance to the individual. DHS will maintain the roster of program members for contact purposes and to facilitate information sharing.

Routine Uses: Information will be shared with the Office of Personnel Management to conduct background investigations. Contact information may be shared with other Federal partners on a need to know basis.

Disclosure: Participation in the program is voluntary; however, failure to provide personally identifiable information may prevent the individual from participating in the program or receiving a security clearance.