

**PERSONNEL SECURITY CLEARANCE  
CHANGE NOTIFICATION**

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

**Agency Disclosure Notice**

The public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, (0704-0418), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a current valid OMB control number.

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

**WARNING**

**THIS DOCUMENT AND ATTACHMENTS ARE THE PROPERTY OF THE DEFENSE SECURITY SERVICE. ACCESS TO THIS DOCUMENT WILL BE RESTRICTED TO THOSE PERSONNEL WHO REQUIRE IT IN ORDER TO PERFORM OFFICIAL DUTIES ASSOCIATED WITH THE PURPOSE FOR WHICH THE INFORMATION HAS BEEN REQUESTED. CONTENTS WILL NOT BE DISCLOSED TO ANY INDIVIDUAL NOT HAVING AN OFFICIAL NEED FOR THE INFORMATION, WITHOUT THE PRIOR WRITTEN CONSENT OF THE DEFENSE SECURITY SERVICE.**

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

<b>A. CONCURRENT</b> (Complete item 13 below)	<b>B. CONVERSION</b> (Complete items 13 & 14 below)	<b>C. REINSTATEMENT</b> (Complete item 13 below)
<b>D. MULTIPLE FACILITY TRANSFER</b> (Complete item 13 And refer to item 15 below)	<b>E. ADMINISTRATIVE TERMINATION</b>	<b>F. ASSIGNED OVERSEAS</b>
<b>G. CITIZENSHIP</b> (Refer to item 15 below)	<b>H. CORRECTION OF DATE AND PLACE OF BIRTH</b>	<b>I. DOWNGRADE</b>
<b>J. EMPLOYMENT TERMINATION</b> (Complete item 3 below)	<b>K. MARITAL STATUS CHANGE</b>	<b>L. NAME CHANGE</b>
<b>M. REQUEST FOR DUPLICATE LETTER OF CONSENT</b>	<b>N. RETURN FROM OVERSEAS</b>	<b>O. SSN CORRECTION</b>
<b>P. STATUS CHANGE TO:</b> (Circle One) Key Management Personnel (KMP) – Consultant- Employee	<b>Q. UPGRADE</b>	<b>R. OTHER</b> (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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		ACTIVE CLEARANCE	PENDING CLEARANCE

**4. NAME, ADDRESS, AND ZIP CODE OF EMPLOYER:**

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

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

<b>5. ALIAS, MAIDEN OR OTHER NAMES USED:</b>
--

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

<b>11. STATUS OF EMPLOYEE</b> (check one):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CONTRACTOR EMPLOYEE	KMP	CONSULTANT

**12. LEVEL OF CLEARANCE REQUESTED** (if applicable):

<b>13. CLEARANCE INFORMATION INCLUDING COMPANY CONFIDENTIAL CLEARANCE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CURRENT	PRIOR (within 24 months)	PENDING
			NONE

<b>13a. LEVEL OF CLEARANCE:</b>	<b>13b. DATE OF CLEARANCE:</b>	<b>13c. CLEARANCE BY:</b>
---------------------------------	--------------------------------	---------------------------

**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