

DEPARTMENT OF HOMELAND SECURITY
**Critical Infrastructure Private Sector Clearance
 Program Request**

OMB No. 1670-0013
 Expiration Date: 11/30/2011

****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 LEGAL NAME: | | DATE: | |
| COMPANY NAME/ADDRESS: | | SECTOR: | |
| | | LEVEL 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 _____ Subject's 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. | | | |
| *Provide all of the below requested information ONLY if you previously held an active clearance within the last 24 months. | | | |
| 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: PSA, IP SS, SSA <div style="text-align: center;">X _____ <small>(SIGNATURE)</small></div> | DATE: |
| A/S FOR INFRASTRUCTURE PROTECTION: <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 (1670-0013).** NOTE: DO NOT send your completed form to this address.

Privacy Statement: Authority: Section 201 of the Homeland Security Act; Executive Orders 12968, 13526, and 13549 authorize 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.

INSTRUCTIONS FOR COMPLETING DHS FORM 9014

FULL NAME: Enter your full legal name (First, Middle, Last).

DATE: Enter today's date.

COMPANY NAME/ADDRESS: Enter your company name and address where you receive your business mail.

SECTOR: Select one of the 18 CIKR Sectors utilizing the drop-down menu.

RECIPROCITY/REINSTATEMENT: Check "yes" ONLY if you have a current clearance or if your prior security clearance was active within the last 2 years.

PHONE: Enter your 10-digit work phone number.

EMAIL ADDRESS: Enter your work email address.

BACKGROUND INFORMATION

**** DATE OF BIRTH:** LEAVE BLANK. You will be contacted directly by a DHS Security Specialist after you have been approved for security clearance processing.

**** PLACE OF BIRTH:** LEAVE BLANK. You will be contacted directly by a DHS Security Specialist after you have been approved for security clearance processing.

**** SOCIAL SECURITY NUMBER:** LEAVE BLANK. You will be contacted directly by a DHS Security Specialist after you have been approved for security clearance processing.

U.S. CITIZEN: You must be a U.S. citizen to process for a DHS Security Clearance. If you are not a U.S. Citizen, please do not complete the form and inform the person that nominated you.

JUSTIFICATION: On the first line, enter your position within your company. On the second line, include your job responsibilities. On the third line, include any relevant association memberships (SCC, ISAC, etc). On the fourth line, please list the sector you are affiliated with (should be the same as the sector chosen from the drop-down menu at the top of the form).

PRIOR/CURRENT CLEARANCE INFORMATION SECTION: Please indicate whether you previously held/currently hold a clearance, the level of clearance, and the Agency sponsoring the clearance. Please indicate your separation date from the Agency sponsoring your clearance and provide a point of contact in that Agency's security office and their contact information.

NOMINATOR: The DHS Federal Employee who is requesting the clearance and confirming the applicant's "need-to-know". The nominator will sign and date.

A/S FOR INFRASTRUCTURE PROTECTION: The Assistant Secretary for Infrastructure Protection will either concur or non-concur with the request from the nominator. The A/S will sign and date.

UPON COMPLETION OF THIS FORM

Email the completed form to the DHS Federal employee who is nominating you for the security clearance.