

**DSS CAGE Code Information Collection  
Initial Information Collection**

Instructions: The Defense Security Service (DSS) Directorate for Industrial Security Field Operations (ISFO) requests that Facility Security Officers (FSO) provide the following information about your company's facility. DSS will use this information to better manage the National Industrial Security Program (NISP). You will be asked to provide UNCLASSIFIED information about your facility's number of employee clearances, contract programs with active DD254s, Information Security (IS), storage and holdings. Please be prepared to provide the information referenced on the form and have supporting documentation available for review. Information provided by the responding contractors will be handled by DSS as "For Official Use Only," sensitive commercial information. If you have any questions, please contact the Quality Assurance Team Chief:

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Agency: Defense Security Service  
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Your assistance is greatly appreciated!

**Privacy Act Statement**

**AUTHORITY:** The legal authority for DSS to collect DoD Contractor data is addressed in 5 U.S.C. 301, Departmental Directives and Instructions; E.O. 12829, National Security Program; E.O. 13526, Classified National Security Information; DoD 5220.22-M, National Industrial Security Program; DoD 5220.22-R, Industrial Security Regulation; 50 U.S.C. National Security Act of 1974, as amended; DoD Directive 5105.42, Defense Security Service.

**PURPOSE:** Information collected on this database will be used to research, review, verify and track cleared companies/facilities operating under the NISP.

**ROUTINE USES:** In addition to those disclosures generally permitted within DoD or outside DoD under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, the records contained in this system may specifically be disclosed outside DoD as a routine use pursuant to 5 U.S.C. a(b)(3) as follows: DoD Blanket Routine Uses, to DSS Insider Threat Identification and Mitigation Program personnel or other DoD/Federal law enforcement authorities for use in assessing a potential risk and/or threat to DSS/DoD personnel, property, and information that could result in loss or degradation of DSS, DoD or other Federal Government resources or capabilities.

**DISCLOSURE:** The information disclosed by you on this database is voluntary; however, failure to provide the requested information will impede, delay or prevent further processing.

#### AGENCY DISCLOSURE STATEMENT

The public reporting burden for this collection of information is estimated to average 20 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 the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (0704-XXXX). 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 currently valid OMB control number.

**FOR UNCLASSIFIED INFORMATION ONLY! DO NOT ENTER ANY CLASSIFIED INFORMATION ANYWHERE ON THIS FORM**

**I. FACILITY**

**Please provide the following information for your facility.**

Facility Name: \_\_\_\_\_

DBA or TA: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Company \_\_\_\_\_

Website address \_\_\_\_\_

Type of Business  
(Select **one** that  
closest describes  
your facility)

- |   |   |
|---|---|
| <input type="checkbox"/> Accounting                             | <input type="checkbox"/> Information Systems & Services           |
| <input type="checkbox"/> Alarm (Central Station)                | <input type="checkbox"/> Law Firm                                 |
| <input type="checkbox"/> Alternate Storage Facility             | <input type="checkbox"/> Manufacturing                            |
| <input type="checkbox"/> Architectural                          | <input type="checkbox"/> Marketing/Liaison                        |
| <input type="checkbox"/> Building Management                    | <input type="checkbox"/> Patent Attorney                          |
| <input type="checkbox"/> CRAF Program                           | <input type="checkbox"/> Manufacturing                            |
| <input type="checkbox"/> College/University                     | <input type="checkbox"/> Professional Association                 |
| <input type="checkbox"/> Commercial Carrier                     | <input type="checkbox"/> Professional Employer Organization (PEO) |
| <input type="checkbox"/> Construction                           | <input type="checkbox"/> Professional Services                    |
| <input type="checkbox"/> Consulting                             | <input type="checkbox"/> Research & Development                   |
| <input type="checkbox"/> Courier Service                        | <input type="checkbox"/> Sealift Programs                         |
| <input type="checkbox"/> Custodial Services                     | <input type="checkbox"/> Services                                 |
| <input type="checkbox"/> Design & Manufacturing                 | <input type="checkbox"/> Shipbuilding, Maintenance & Repair       |
| <input type="checkbox"/> Engineering                            | <input type="checkbox"/> Software Engineering                     |
| <input type="checkbox"/> Explosives/Ordnance                    | <input type="checkbox"/> Telecommunications                       |
| <input type="checkbox"/> Freight Forwarder                      | <input type="checkbox"/> Temporary Help Supplier                  |
| <input type="checkbox"/> Graphic Arts/Video/Digital Productions | <input type="checkbox"/> Translation Services                     |
| <input type="checkbox"/> Guard/Security Services                | <input type="checkbox"/> Transportation                           |
| <input type="checkbox"/> Holding Company                        | <input type="checkbox"/> Verbatim Reporting                       |
|   | <input type="checkbox"/> <b>Other (Please explain below)</b>      |

Principal Products/Services: \_\_\_\_\_

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## II. Legal Structure

Organization Type (Select One): Corporation, LLC, Sole Proprietorship, Partnership, University/College, or Joint Venture, or Other

**If part of a corporation, please select businesses' position in the corporation:** Parent, Division, Branch, Subsidiary, etc.

**If a Division or Subsidiary, please provide the following information for the Home Office or Parent Organization:**

Name: \_\_\_\_\_

CAGE Code: \_\_\_\_\_

**If a Joint Venture, please list the Joint Venture partners:**

Name: \_\_\_\_\_

CAGE Code: \_\_\_\_\_

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## III. Facility Security Officer and Senior Management Official

**Please provide the following information for your Facility Security Officer (FSO).**

Name: \_\_\_\_\_ Appointment Date: MM/DD/YYYY

Office Phone: \_\_\_\_\_ Alt. Phone (Business Cell): \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**If applicable, please provide the following information for your Assistant Facility Security Officer (AFSO).**

Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Alt. Phone (Business Cell): \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Please provide the following information for your Senior Management Official (See the Facility KMP List).**

Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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IV. Employee Clearance Information				
<b>Please provide counts for each category as of the date this form is completed. Include all part-time employees.</b>	<b>Top Secret</b>	<b>Secret</b>	<b>Confidential</b>	<b>Uncleared</b>
Total count of employees and consultants:				
Employees Assigned Overseas:				
Consultants (excluding subcontractors):				
Employees with Limited Access Authorizations (LAA):				
Employees identified to DSS as Key Management Personnel: :				
Foreign Nationals on Extended Visits or Assignment to the Cleared Facility (see NISPOM para. 10-508):				
Employees located at off-site or uncleared locations:				
Please provide any additional remarks about Employee Clearances: _____				
Please identify all programs being worked on by foreign nationals (persons who are not citizens or nationals of the United States): _____				
Does this facility sponsor cleared Student Interns or Summer Students?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did this facility sponsor tradeshows, conferences, or external learning events during the past year ?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please identify the topic or program area for the tradeshow, conferences or external learning events sponsored by this facility:				
Please provide the total number of international visits this cleared facility received in the past 12 months. _____				

V. Contracts/Programs

Please provide a count of all contracts with DD254s/classified contracts pertaining to this CAGE code.

Please note: The total number of contracts you provide in response to this question will be used to determine what additional sections of this survey you will be asked to complete. Please ensure that the total number of contracts you provide is an accurate total of classified contracts for your facility.

Total number of DD254s/classified contracts: \_\_\_\_\_

Please provide the following information for each DD254/Classified Contract associated with this facility.

Contract Number: \_\_\_\_\_

Program Name: \_\_\_\_\_ Classification Level: \_\_\_\_\_ Confidential, Secret, Top Secret

Government Activity (GA): \_\_\_\_\_

GA Program Office: \_\_\_\_\_

GA Point of Contact (POC): \_\_\_\_\_

GA POC Email: \_\_\_\_\_ GA POC Phone: \_\_\_\_\_

**Note:** Government Activity Point of Contact, Email, and Phone are optional.

Is this facility the prime contractor?  Yes  No

Are there any subcontractors working on this contract?  Yes  No

Total number of subcontractors: \_\_\_\_\_

Please provide the CAGE code for each subcontractor DD254 sponsored by your facility working on the specified contract.

CAGE Code: \_\_\_\_\_

## V. Contracts/Programs

Please identify all Industrial Base Technology categories for all DD254s pertaining to this Cage Code.

### C4ISR

- Command, control, communication, and computers
- Software
- Lasers
- Optics
- Sensors (Acoustic)
- Radars
- Electronics

### Armament and Self Protection

- Armament and Survivability
- Directed Energy
- Manufacturing Equipment and Processes
- Signature Control
- Lasers

### Airframe and Propulsion

- Aeronautics Systems
- Manufacturing Equipment and Processes
- Energy Systems

### Vehicle and Propulsion

- Ground Systems
- Manufacturing Equipment and Processes
- Energy Systems

### Vessel and Propulsion

- Marine Systems
- Manufacturing Equipment and Processes
- Energy Systems
- Nuclear

### Avionics

- Positioning, Navigation, and Time
- Electronics
- Software

### Test and Evaluation

- Software
- Electronics
- Manufacturing Equipment and Processes

### Other

- Biological
- Chemical
- Raw Materials
- Agricultural
- Medical
- Nanotechnology
- Synthetic Biology
- Energetic Systems
- Quantum Systems
- Computational Modeling of Human Behavior
- Cognitive Neuroscience
- Other

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**VI. Classified Holdings/Storage**

Does this facility have safeguarding?  Yes  No [Go to Section VII]

**Please provide your mailing address for classified mail.**

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please provide the following counts:**

Total number of classified items (to include computer media) currently on hand: *Ensure that you have a current contract (DD254) or written retention authority that supports retention. If your facility does not keep a count of the number of secret and confidential items being stored, please provide an estimate. If you cannot provide an estimate, please indicate "unknown"*

Classified Hardware (e.g. Large classified items or items with embedded classified components that do not fit in an approved container) *If your facility does not keep a count of the number of secret and confidential items being stored, please provide an estimate. If you cannot provide an estimate, please indicate "unknown"*

Number of GSA-approved security containers used for storing classified materials *(Facilities should no longer be using non-GSA approved containers (see NISPOM paragraph 5-303):*

Closed Areas with IDS meeting NISPOM Standards:


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Do you have any Protective Distribution Systems (PDS)?  Yes  No

Do you use any supplemental protection for classified information (i.e. IDS, security guards)?  Yes  No

If so, please list any supplemental protections:

\_\_\_\_\_



**VII. Communications Security (COMSEC)**

Does your facility have any Communication Security (COMSEC) materials?  Yes  No

**If so, please provide the following information on COMSEC at your facility.**

COMSEC Custodian: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Number of items on hand: \_\_\_\_\_ Date of last NSA audit: MM/DD/YYYY

Next transaction number: \_\_\_\_\_

**VIII. Special Considerations:**

Does your facility have NATO briefing requirements?  Yes  No

Does your facility have COMSEC briefing requirements?  Yes  No

Does your facility have CNWDI briefing requirements?  Yes  No

Is DCMA onsite?  Yes  No

**If DCMA is onsite, please provide the following information:**

DCMA Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Has this facility engaged in any direct or commercial military sales to foreign countries?  Yes  No

If so, Please list the foreign countries receiving direct or commercial military sales: \_\_\_\_\_

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