

DEPARTMENT OF HOMELAND SECURITY  
**CRITICAL INFRASTRUCTURE PRIVATE SECTOR CLEARANCE**  
**PROGRAM REQUEST**  
**FORM**

OMB No. 1670-0013  
 Expiration Date: 06/30/2018

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

**SUBJECT NOMINEE**  
**INFORMATION**

FULL LEGAL NAME (First, Middle, Last, Suffix):	TODAY'S DATE TYPE OF SUBMISSION:	PROGRAM TYPE:
COMPANY NAME AND ADDRESS:	PHONENWORK EMAIL ADDRESS:	WORK PHONE NO.
	PERSONAL EMAIL ADDRESS:	
NOMINEE IS CURRENTLY A MEMBER OF: OTHER:	CLEARANCE LEVEL:	

**JUSTIFICATION NOMINEE**  
**BACKGROUND**

NOMINEE'S JOB TITLE/POSITION: (Do not use acronyms)	U.S. CITIZEN: <input type="checkbox"/> YES <input type="checkbox"/> NO
Has the Chief Security Officer of the company been notified of the nomination? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Please provide CSO contact information. Name: _____ Phone or e-mail: _____	
Is there a secure facility within 50 miles where a clearance holder may attend a classified briefing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, but I'm willing to travel	
<b><u>DD254 on File? Y/N</u></b>	
Nominee satisfied the following criteria (from EO 13549 Section 5.g):	
<input type="checkbox"/> Corporate owners and operators determined by the Secretary of Homeland Security to be part of the Critical Infrastructure; <input type="checkbox"/> Subject matter experts selected to assist with Federal or State Critical Infrastructure Security and Resilience; <input type="checkbox"/> Personnel serving in specific leadership positions of Critical Infrastructure coordination, operations, and oversight; <input type="checkbox"/> Employees of corporate entities relating to the protection of Critical Infrastructure; <input type="checkbox"/> Other persons not otherwise eligible for the granting of a personnel security clearance pursuant to Executive Order 12829, as amended, who are determined by the Secretary of Homeland Security to require a personnel security clearance.	
<input type="checkbox"/> Nominee'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	

**Further justification, to include Nominee's responsibilities and association memberships Attach justification to the DHS Form 9014. Please see justification requirements in the instructions:**

**Attach Justification**

*\*Provide all of the below requested information ONLY if you previously held an active clearance within the last 24 months.*

Nominee  previously held  currently holds a  Secret  Top Secret clearance

Sponsored by (Name of Agency): \_\_\_\_\_

Contact Information of Security Official/Office:  
 Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Nominee  retired/separated or  will retire/separate from: \_\_\_\_\_

Date of retirement/separation: \_\_\_\_\_ Reciprocity/Reinstatement?  YES  NO (Check "yes" ONLY if you have a current clearance or if your prior security clearance was active within the last 2 years)

For Periodic Reinvestigations: Has clearance holder used his/her PSCP clearance? \_\_\_\_\_

**NOMINATION INFORMATION**

NOMINATOR NAME:	SIGNATURE: <b>X</b>	DATE:
Position: <b>A/Assistant Secretary FOR INFRASTRUCTURE-PROTECTION/IP/CS&amp;C:</b>	SIGNATURE: <b>X</b>	DATE:
<input type="checkbox"/> Concur <input type="checkbox"/> Non-Concur		

**DO NOT COMPLETE BELOW THIS LINE**

DATE OF BIRTH:	PLACE OF BIRTH:
SOCIAL SECURITY NUMBER:	MAILING ADDRESS (optional):

**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/IP/PSCP, Mail Stop 0609, 245 Murray Lane SW, Bldg 410, Washington DC 20598. ATTN: PRA (1670-0013)**  
NOTE: DO NOT send your completed form to this address.

**Privacy Act Statement:**

**Authority:** Section 201 of the Homeland Security Act and Executive Orders 9397, 12968, 13526, and 13549 authorize the collection of this information.

**Purpose:** The primary purpose of this collection is to facilitate the background investigations required to potentially grant a security clearance to an individual partner, serving as a subject matter expert within a specific industry and possessing knowledge not available within DHS. 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, as necessary and authorized by the routine uses published in DHS/ALL-023 - Department of Homeland Security Personnel Security Management, 74 FR 3084 (January 16, 2009). Contact information may be shared with other Federal partners as necessary and authorized by the routine uses published in DHS/ALL-002 - Department of Homeland Security Mailing and Other Lists System, 73 FR 71659 (November 25, 2008).

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

**INSTRUCTIONS FOR WRITING THE JUSTIFICATION FOR THE NOMINEE**

**The nominator shall thoroughly complete the DHS Form 9014. Completion by the nominee is prohibited.**

- Retrieve the nominee's information during the vetting and interviewing process, and complete the DHS Form 9014.
- Interview the nominee's FSO/CSO to ensure the nominee meets the criteria and has a need-to-know.

If multiple nominees are submitted, each nominee will need an individual justification written up and a separate form submitted.

- Do not use a justification template when submitting justifications.
- Each nominee's justification should be tailored to their mission within DHS and the Sector.

**Justification Guidelines:**

1. Determine if the nominee is a Subject Matter Expert (SME) that has been selected to assist the Federal or State Critical Infrastructure (CI) mission and is in a leadership or executive level position that can capitalize on the value of the classified information being shared.

- Verify that a DHS or a federal entity, Sector Specific Agency (SSA), or Sector representative requested the nominee's expertise and intends to share classified information with the individual.

2. Determine the Federal requirements that need to be met for the nominee to be granted access to classified information as it relates to CI.

3. Define which Federal mission activity or Federal Office will be directly engaged with the nominee.

4. Describe the nominee's need-to-know in detail.

5. Describe how the nominee will effectively utilize the classified information that is intended to be shared.

6. Define the frequency and location where the nominee will access classified information.

- What are the approved facilities where the nominee is expected to access classified information?
  - **Note:** Access to classified information at private sector locations are only authorized for entities that have a facility.
- Who in DHS, FBI or State Fusion Center will be sharing classified information with the nominee?
- Nominators must also validate with the identified Federal entities if they have a requirement and intention to share classified information with the nominee. (Access to classified information is dependent on an existing Federal relationship. If there is no defined Federal requirement, the nominee should not be submitted).

7. Provide a statement of CI work the nominee will be associated with in their assigned Sector.

8. Contact the SSA as necessary to validate the Sector's requirements for providing classified access and to determine if the nominee is a member of a Sector Coordinating Council (SCC) or Information Sharing and Analysis Center (ISAC).

- Access is not based solely on position or who the nominee knows.
- A nominee's duty description, affiliations or accolades are not sufficient to support a justification.



## INSTRUCTIONS FOR COMPLETING DHS FORM 9014

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

~~DATE: Enter today's date.~~ **TYPE OF SUBMISSION:** Select the reason for the form submission. Mark as an Initial Submission, Company Change, Reciprocity, Reinstatement, or a Periodic Reinvestigation.

**PROGRAM TYPE:** Select the type of program the clearance is being requested under.

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

**WORK PHONE:** Enter your 10-digit work phone number.

**WORK EMAIL ADDRESS:** Enter your work email address.

**PERSONAL EMAIL ADDRESS:** Enter a personal email address for the nominee (such as a yahoo or gmail account).

**MEMBER OF:** Enter relevant National Infrastructure Protection Plan Framework Counsel membership.

**CLEARANCE LEVEL:** Select requested clearance level from the drop down list. The level of access granted shall not exceed the secret level, unless the sponsoring agency determines on a case-by-case basis that the applicant has a demonstrated and foreseeable need for access to Top Secret, Special Access Program, or Sensitive Compartmented Information.

### BACKGROUND INFORMATION

**NOMINEE'S JOB TITLE/POSITION:** Enter your job title/responsibilities.

**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.

**CHIEF SECURITY OFFICER (CSO):** If appropriate, identify if the company CSO (or the executive otherwise responsible for your organization's security posture) has been notified of the request. Provide their name and work phone or official e-mail address.

**SECURE FACILITY:** Identify proximity of secure facility or ability to travel for classified briefing

**EXECUTIVE ORDER (EO) CRITERIA:** Select the criteria that most defines your role/responsibility within your company

**SECTOR:** Select your sector affiliation

~~**FURTHER JUSTIFICATION:** Provide further justification to include Subjects roles and responsibilities and additional association memberships. Include the justification for the nominee with the DHS Form 9014. For guidance, see the Instructions for Writing the Justification Section.~~

**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.

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

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

~~**A/Assistant Secretary FOR INFRASTRUCTURE PROTECTION IP or CS&C:** The Assistant Secretary (A/S) for Infrastructure Protection (IP) or Cybersecurity and Communications (CS&C) will either concur or non-concur with the request from the nominator. The A/S will sign and date.~~

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

**\*\* MAILING ADDRESS** (Optional): LEAVE BLANK. There will be an option for the DHS Security Specialist to collect an alternate mailing address if you prefer finger print cards to be mailed to an address other than your company address.

**UPON COMPLETION OF THIS FORM The Nominator must complete this form**

The Federal nominator should email the completed form to the DHS Security Specialist for processing. Email the completed form to the authorized Federal employee who is nominating you for the security clearance.