



**EXAMPLE**  
**Oak Ridge National Laboratory**  
**REQUEST FOR DOE ACCESS AUTHORIZATION**  
**AND SECURITY CLEARANCE JUSTIFICATION**

1. NAME (Last, First, Middle)	2. SOCIAL SECURITY NUMBER
3. DATE OF BIRTH	4. JOB TITLE
5. DIVISION NAME AND NUMBER AND POINT OF CONTACT AND PHONE NO.	6. REQUESTING CONTRACTOR OR COR (All clearances requested by using this form are for UT-B. Subcontractors complete Section 7.)  <div style="text-align: center;">UT-Battelle, LLC/ORNL</div>

7. REQUESTING SUBCONTRACTOR, ADDRESS, & CONTRACT NUMBER (Include Contract Expiration Date, Point of Contact, and Contact Phone Number.)

8. CURRENT LEVEL OF CLEARANCE  <div style="display: flex; justify-content: space-around;"> <span>UNCLEARED</span> <span>L</span> <span>Q</span> </div>	9. PSAP POSITION  <div style="display: flex; justify-content: space-around;"> <span>YES</span> <span>NO</span> </div>	10. FOCI APPROVAL <span style="float: right;">If, yes, date approved.</span>  <div style="display: flex; justify-content: space-around;"> <span>YES</span> <span>NO</span> </div>
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11. TYPE ACTION REQUESTED: (check only one)    INITIAL CLEARANCE    REINSTATEMENT    EXTENSION    TRANSFER  

UPGRADE
DOWNGRADE
REINVESTIGATION
OTHER (Specify)

12. LEVEL OF CLEARANCE REQUIRED TO PERFORM JOB DUTIES:  <div style="display: flex; justify-content: space-around;"> <span>UNCLEARED</span> <span>L</span> <span>LQ</span> <span>Q</span> </div>	13. TYPE OF INVESTIGATION (DOE PROG, CERT. OFFICIAL ONLY)*:  <div style="display: flex; justify-content: space-around;"> <span>35-DAY SERVICE</span> <span>75-DAY SERVICE</span> <span>125-DAY SERVICE</span> </div>
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14. JUSTIFICATION FOR LEVEL OF CLEARANCE REQUIRED TO PERFORM JOB DUTIES (Add additional pages, if necessary.)  
**A. Job Description** (Identify programs, projects, etc.)

**B. Work Location:** Job Location \_\_\_\_\_ **C. Other areas requiring access to perform job** \_\_\_\_\_  
Frequency of visits (weekly) to each of the following:  

Property Protection Area (PPA)
Limited Area (LA)
Exclusion Area (EA)
Protected Area (PA)
Material Access Area (MAA)

**D. Does this position require access to classified information?**    YES    NO    If yes, mark appropriate level(s).

<b>SECRET</b>	<b>CONFIDENTIAL</b>
<div style="display: flex; justify-content: space-around;"> <span>Restricted Data</span> <span>Formerly Restricted Data</span> <span>National Security Information</span> </div>	<div style="display: flex; justify-content: space-around;"> <span>Restricted Data</span> <span>Formerly Restricted Data</span> <span>National Security Information</span> </div>

**CERTIFICATION**

**I CERTIFY THAT THE INDIVIDUAL LISTED ABOVE IS REQUIRED TO POSSESS A SECURITY CLEARANCE AT THE LEVEL INDICATED AND THAT THE JOB DUTIES, ACCESS AREAS, AND CLASSIFIED INFORMATION ACCESS LISTED ARE AN ACCURATE DESCRIPTION OF THE SUBJECT'S POSITION.**

EMPLOYEE SIGNATURE (Reinvestigations only)	DATE
DIVISION MANAGER	DATE
APPROVED SECURITY OFFICIAL	DATE

**I CERTIFY THAT A SECURITY CLEARANCE IS REQUIRED FOR THE INDIVIDUAL/POSITION LISTED ABOVE AND THAT FUNDS SHOULD BE EXPENDED TO OBTAIN/MAINTAIN THE CLEARANCE AT THE LEVEL INDICATED.**

* DOE PROGRAM CERTIFYING OFFICIAL (Or alternate)	DATE	DOE PROGRAM	B&R NUMBER
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E X A M P L E  
**INSTRUCTIONS FOR COMPLETING  
REQUEST FOR DOE ACCESS AUTHORIZATION  
AND SECURITY CLEARANCE JUSTIFICATION**

1. Name - Complete. Must be completed prior to submission to DOE.
2. Social Security Number - Complete. Must be completed prior to submission to DOE.
3. Date of Birth - Complete. Must be completed prior to submission to DOE.
4. Job Title - Complete as appropriate. Must be completed prior to submission to DOE.
5. Division Name and Number, and Point of Contact and Phone Number - Complete the applicant's division name and division number and point of contact and contact phone number.
6. Employer - Subcontractors do not complete this item.
7. Requesting Subcontractor, Address, and Contract Number (*Include* Contract Expiration Date, Point of Contact, and Contact Phone Number.) - Complete.
8. Current Level of Clearance - Complete.
9. PSAP - Complete as appropriate.
10. FOCI - Leave blank - Approved Security Official will complete.
11. Type of Action Required - Complete.
12. Level of Clearance Required to Perform Job Duties - Please complete as appropriate. Make sure the justification will support the level of clearance being requested.
13. Type of Investigation - To be completed by DOE Program Certifying Official only.
14. Justification for Level of Clearance Required to Perform Job Duties:
  - A. Job Description - Provide detailed information about the job, without revealing classified data. It is appropriate to list program or project numbers for specific jobs on which the person will be working and whether the position will require routine unescorted access to specific areas of the plant. Reference appropriate documentation which details access requirements (i.e., Site Safeguards and Security Plan [SSSP], etc.)
  - B. Work Location - List the area and building where the applicant will be located.
  - C. Other Areas Requiring Access to Perform Job. Indicate areas and buildings that will need to be accessed in performance of the job and the frequency of access in each security area. Blanks will indicate no access.
  - D. Complete as appropriate.

Certification Statement Signatures

- Employee Signature - Required for reinvestigation only.
- Division Manager - This signature indicates that the Division Manager is approving the justification for clearance.
- Approved Security Official - This signature indicates that a DOE-Designated ORNL Approved Security Official has reviewed the justification and agrees that it is appropriate for the level of clearance required to perform job duties

DOE Program Certifying Official - This signature indicates that the DOE Program Certifying Official or alternate has approved the clearance at the level indicated and funds can be expended. List the appropriate DOE Program (DP, EM, ER) and the B&R Code.