

FACILITY SECURITY CLEARANCE INFORMATION SHEET (FSCIS)
 All fields must be completed and the form communicated via Government-to-Government channels

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| REQUEST FOR A FACILITY SECURITY CLEARANCE ASSURANCE TO: (Country/international organization name) | |
| Please complete the reply boxes, where applicable: <input type="checkbox"/> Provide an FSC assurance at the level of. <input type="checkbox"/> TS <input type="checkbox"/> CTS <input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> other _____ for the facility listed below <input type="checkbox"/> Including safeguarding of classified material/information <input type="checkbox"/> Including Communication and Information Systems (CIS) for processing classified information <input type="checkbox"/> Initiate an FSC up to and including the level of _____ with _____ level of safeguarding and _____ level of CIS, if the facility does not currently hold these levels of capabilities. | |
| Confirm accuracy of the details of the facility listed below and provide correction/additions as required | |
| 1. Full facility name _____ 2. Full facility address _____ 3. Mailing address(if different from 2) _____ 4. Zip/postal code/city/country _____ 5. Name of the Security Officer _____ 6. Telephone/Fax/E-mail of the Security Officer _____ | corrections /additions: _____ _____ _____ _____ _____ |
| 7. This request is made for the following reason(s): (indicate particulars of the pre-contractual stage, contract, sub-contract, programme/project etc.) _____ _____ | |
| Requesting NSA/DSA: Name: _____ Date:(dd/mm/yyyy) <input style="width: 100px;" type="text"/> | |
| REPLY (within 5 working days) | |
| This is to certify that the above mentioned facility: | |
| 1. <input type="checkbox"/> holds an FSC up to and including the level of <input type="checkbox"/> TS <input type="checkbox"/> CTS <input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> other _____ 2. <input type="checkbox"/> on the above mentioned request, the FSC process has been initiated. You will be informed when the FSC has been established or refused. 3. <input type="checkbox"/> does not hold an FSC 4. has the capability to safeguard classified information/material: <input type="checkbox"/> yes, level _____ <input type="checkbox"/> no _____ 5. has Accredited/Authorized CIS: <input type="checkbox"/> yes, level _____ <input type="checkbox"/> no _____ 6. This FSC assurance expires on: _____ (dd/mm/yyyy), or as advised otherwise by the NSA/DSA. In case of an earlier invalidation or in case of any changes of the information listed above you will be informed. 7. Remarks: _____ _____ | |
| Issuing NSA/DSA: Name: _____ Date:(dd/mm/yyyy) <input style="width: 100px;" type="text"/> | |