GHB - Anlage 5a

FACILITY SECURITY CLEARANCE INFORMATION SHEET (FSCIS)

All fields must be com leted and the form communicated via Government-to-Government channels

|  |  |
| --- | --- |
| REQUEST FOR A FACILITY SECURITY CLEARANCE ASSURANCE TO:  ***(Country/International organization name)*** | |
| Please complete the reply boxes, where applicable:   * Provide an FSC assurance at the level of. ❑TS ❑CTS ❑S ❑NS ❑C ❑NC * other | |
| for the facility listed below   * Including safeguarding of classified material/information * Including Communication and Information Systems (CIS) for processing classified information * 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 | corrections /additions: |
| 1. Full facility address |  |
| 1. Mailing address(if different from 2) |  |
| 1. Zip/postal code/city/country |  |
| 1. Name of the Security Officer |  |
| 1. Telephone/Fax/E-mail of the Security Officer |  |
| 1. 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) |
|  | |
| REPLY (within 5 working days) | |
| This is to certify that the above mentioned facility:  1. ❑holds an FSC up to and including the level of ❑TS ❑CTS ❑S ❑NS ❑C ❑NC   * other | |
| 1. ❑on the above mentioned request, the FSC process has been established or refused. 2. ❑does not hold an FSC 3. has the capability to safeguard classified information/material:  * yes, level ❑ no   5. has Accredited/Authorized CIS:   * yes, level ❑ no  1. This FSC assurance expires on: (dd/mm/yyyy), | has been initiated. You will be informed when the FSC  or as advised otherwise by the NSA/DSA. of the information listed above you will be |
| In case of an earlier invalidation or in case ot any changes informed.   1. Remarks: |
| Issuing NSA/DSA: Name: Date:(dd/mm/yyyy) | |
|  | |

Stand: 24.11.2014