**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:  [ ] 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 corrections/additions as required.  1. Full facility name: [ ] corrections /additions:  ………………………………………………..…… ………..……………………………………….  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  ………………………………………………..……………… .………………….……………………………….  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) …………………… |
| **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...........................................................................................................................................................  2. [ ] on the above mentioned request, the FSC process has been initiated. You will be informed when the FSC has been established or refused.  3. [ ] does not hold an FSC.  4. has the capability to safeguard classified information/material:  [ ] yes, level: ……………………………. [ ] no.  5. has Accredited/Authorized CIS:  [ ] yes, level: ……………………………. [ ] 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)……………………* |