

15 SEP 1977

MEMORANDUM FOR: Chief, Policy and Plans Group
THROUGH: Deputy Director of Security (PTOS)
STATINTL FROM: [REDACTED]
Chief, Physical Security Division
SUBJECT: Security Clearances and Approvals
(New Series HR [REDACTED])

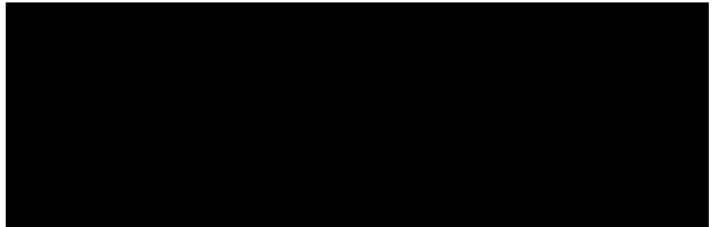
STATINT

1. (U/AIUO) Reference is made to your request for comments regarding the proposed subject regulation. A review of the proposed regulation has been made and two areas involved in the regulation are of particular interest to this Division.

2. (U/AIUO). Subparagraph g(2), entitled "Industrial Contractor Approval-Secret (ISA-S)," should be reevaluated. The investigative coverage outlined for access to Agency information at the Secret level is deemed to be inadequate. As you are aware, extremely sensitive Agency information is classified at the Secret level, particularly so since the promulgation of Executive Order (EO) 11652. Prior to EO 11652, much of this information carried a Top Secret classification. Access to highly sensitive Agency sources and methods and operations information at the Secret level based solely on investigative criteria of National Agency Checks is, in our estimation, insufficient and not in keeping with the Director's responsibility for the protection of this information. Investigative standards and criteria for access to Secret level information was the subject of a special Security Committee Working Group some time ago and this Working Group recommended to the Security Committee that a minimum five-year background investigation, in addition to National Agency Checks, be required. We feel any less standard to be inadequate in face of current considerations for improved security in the industrial contracting area.

3. (U/AIUO) Subparagraph j(2), entitled "No Escort Access," appears to be a weak presentation. It is felt that any individual having unescorted access to an Agency facility be investigated to staff standards per paragraph c., including the polygraph requirement. It is difficult to differentiate the degree and nature of access regarding No Escort Access personnel, inasmuch as they have uncontrolled access to the facility and have, as a minimum, sight recognition of covert staff and contract personnel.

STATINT



Distribution:

Orig - Adse

1 - C/PhySD

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STATINTL

OS/PhySD/ [redacted] :peh
(14 Sep 77)

<input type="checkbox"/> REQUEST FOR INDUSTRIAL SECURITY APPROVAL <input type="checkbox"/> CONFIDENTIAL <input type="checkbox"/> SECRET <input type="checkbox"/> TOP SECRET DATE _____	<input type="checkbox"/> NOTICE OF PERSONNEL ACTION <input type="checkbox"/> Separation <input type="checkbox"/> Transfer <input type="checkbox"/> Name change to _____ <input type="checkbox"/> Withdraw prior approval request <input type="checkbox"/> Other (specify) _____ DATE _____
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1 NAME AND ADDRESS OF CONTRACTOR (If subsidiary, include name of Parent Company)

2 NAME OF SUBJECT (last, first, middle)	DATE OF BIRTH	PLACE OF BIRTH
HOME ADDRESS	US CITIZEN	
	YES	NO
	SOCIAL SECURITY NO.	

3 SUBJECT'S JOB TITLE _____ WORK LOCATION (if different from contract address) _____

4 SUBJECT WILL BE AWARE OF CUSTOMER'S IDENTITY YES NO

5 SUBJECT WILL BE USED ON CUSTOMER'S CONTRACT NO. _____ TASK ORDER NO. _____

6 DOES SUBJECT POSSESS A CURRENT SECURITY CLEARANCE GRANTED BY A U.S. AGENCY? YES NO
 IF YES COMPLETE THE FOLLOWING:

NAME OF AGENCY GRANTING CLEARANCE	LEVEL	DATE AND PLACE GRANTED
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7 IF YOUR RECORDS INDICATE SUBJECT PREVIOUSLY HELD A SECURITY CLEARANCE BY A U.S. AGENCY INDICATE LEVEL _____
 WHEN GRANTED _____ BY WHOM AND WHERE HE WAS EMPLOYED AT THAT TIME.

8 DO YOUR RECORDS INDICATE SUBJECT HAS EVER BEEN DENIED A SECURITY CLEARANCE BY A U.S. AGENCY OR HAD A SECURITY CLEARANCE SUSPENDED OR REVOKED? YES NO IF YES EXPLAIN

9 DO YOUR RECORDS INDICATE SUBJECT HAS EVER BEEN ARRESTED, CHARGED, OR HELD BY ANY LAW ENFORCEMENT AUTHORITY?
 YES NO IF YES EXPLAIN

10 DO YOUR RECORDS INDICATE ANYTHING NOT COVERED ABOVE THAT MIGHT HAVE A BEARING ON THIS SUBJECT BEING GRANTED A GOVERNMENT SECURITY CLEARANCE?

11. TYPED NAME OF CONTRACTOR REPRESENTATIVE	12. SIGNATURE OF CONTRACTOR REPRESENTATIVE
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FOR USE BY CUSTOMERS ONLY

<input type="checkbox"/> INDUSTRIAL SECURITY APPROVAL GRANTED	<input type="checkbox"/> PERSONNEL ACTION RECORDED
<input type="checkbox"/> CONFIDENTIAL	
<input type="checkbox"/> SECRET	
<input type="checkbox"/> TOP SECRET	

NAME OF CUSTOMER'S REPRESENTATIVE	SIGNATURE OF CUSTOMER'S REPRESENTATIVE AND DATE
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REQUEST FOR INDUSTRIAL SECURITY APPROVAL	DATE
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SECRET
 TOP SECRET
 TOP SECRET UPDATE

INSTRUCTIONS: Print or type all answers. All questions and statements must be completed. If the answer is "None," so state. Do not misstate or omit material fact since the statements made herein are subject to verification. If more space is needed, use the Remarks section, item 26, and attach additional sheets if necessary. The information entered hereon is for official use only and will be maintained in confidence.

The Privacy Act of 1974 (5 U.S.C. 552a) requires that federal agencies inform individuals who are asked to provide their social security numbers whether the disclosure is mandatory or voluntary, by what authority the number is solicited and the uses that will be made of the social security number. Disclosure by you of your social security number is voluntary. The authority for this solicitation is Executive Order 9397. Your social security number is used to aid in the positive identification of the person requesting security approvals. Failure to provide your social security number may delay processing.

1. LAST NAME - FIRST NAME - MIDDLE NAME	2. SEX	3. SOCIAL SECURITY NUMBER
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4. ALIAS(ES) AND FORMER NAME(S) AND PERIODS OF USE:

5. MONTH, DAY, YEAR OF BIRTH	6. PLACE OF BIRTH	7. CITIZENSHIP
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8. RELATIVES	DATE AND PLACE OF BIRTH	PRESENT ADDRESS	CITIZENSHIP
A. SPOUSE (Full Maiden Name)			
B. FATHER			
C. MOTHER (Full Maiden Name)			

9. RESIDENCES (List all from 18th birthday or during past 15 years, whichever is shorter.)

A. FROM	B. TO	C. NUMBER AND STREET (List Apt. No.)	D. CITY	E. STATE

10. EMPLOYMENT (List all from 18th birthday or during past 15 years, whichever is shorter.)

A. FROM	B. TO	C. EMPLOYER	D. POSITION	E. ADDRESS

11. EDUCATION (Account for all civilian and military academies)

MONTH AND YEAR		NAME AND LOCATION OF SCHOOL	GRADUATE		DEGREE
FROM	TO		YES	NO	

12. CITIZENSHIP INFORMATION

I AM A CITIZEN OF THE UNITED STATES BY REASON OF: BIRTH IN THE UNITED STATES NATURALIZED CITIZENSHIP
 BIRTH IN A FOREIGN COUNTRY OF UNITED STATES PARENTS DERIVATIVE CITIZENSHIP

IF NATURALIZED, CERTIFICATE NO. _____ DATE NATURALIZED _____

WHERE NATURALIZED (City, County, State, and Court) _____

IF ALIEN, REGISTRATION NO. _____ CITIZEN OF WHAT COUNTRY _____ DATE AND PLACE OF LAST ENTRY INTO U.S. _____

13. ORGANIZATIONAL MEMBERSHIP

LIST ALL ORGANIZATIONS EXCEPT LABOR UNIONS IN WHICH YOU HOLD OR HAVE HELD MEMBERSHIP.

NAME AND ADDRESS	TYPE	OFFICE HELD	FROM (Date)	TO (Date)

14. MILITARY SERVICE

A. COUNTRY	BRANCH OF SERVICE	RANK	SERVICE NUMBER	FROM (Date)	TO (Date)	TYPE DISCHARGE

B. ARE YOU A MEMBER OF A RESERVE OR NATIONAL GUARD COMPONENT? YES NO (If answer is "YES", furnish service, component and current status on additional page.)

15. LIST CHILDREN, BROTHERS, SISTERS (16 years and older)

RELATION	LAST, FIRST, MIDDLE NAME	ADDRESS (Enter "deceased" if no longer living)	PLACE AND DATE OF BIRTH	PRESENT CITIZENSHIP

16. LIST NAMES OF ALL FORMER SPOUSES AND INDICATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES, OR ANNULMENTS:

17. INDICATE RELATIVES BY BLOOD, MARRIAGE, OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS, (3) ARE NATURALIZED U.S. CITIZENS, OR (4) WORK FOR A FOREIGN GOVERNMENT

A. 1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. DATE OF BIRTH	4. PLACE OF BIRTH (City, State, Country)
5. CURRENT CITIZENSHIP(S)	6. DATE U.S. CITIZENSHIP ACQUIRED	7. WHERE ACQUIRED (City, State, Country)	
8. NATURALIZATION CERTIFICATE NUMBER	9. IF ALIEN, GIVE ALIEN REGISTRATION NUMBER	10. DATE AND PLACE OF ARRIVAL IN U.S.	
11. CURRENT ADDRESS (Give last address, if deceased)			

B. 1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. DATE OF BIRTH	4. PLACE OF BIRTH (City, State, Country)
5. FORMER CITIZENSHIP(S)	6. DATE U.S. CITIZENSHIP ACQUIRED	7. WHERE ACQUIRED (City, State, Country)	
8. NATURALIZATION CERTIFICATE NUMBER	9. IF ALIEN, GIVE ALIEN REGISTRATION NUMBER	10. DATE AND PLACE OF ARRIVAL IN U.S.	
11. CURRENT ADDRESS (Give last address, if deceased)			

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CITY AND COUNTRY	LEFT U.S.	RETURNED U.S.	PURPOSE AND TYPE OF VISA

19. LIST EACH FOREIGN GOVERNMENT, FIRM, CORPORATION OR PERSON FOR WHOM YOU ACT OR HAVE ACTED AS A REPRESENTATIVE, OFFICIAL OR EMPLOYEE IN THE PAST 5 YEARS. LIST ALL COMMUNIST GOVERNMENTS, FIRMS OR CORPORATIONS.

20. REFERENCES (Give five personal references, two of whom know you on a current social basis. Do not include relatives, former employers, or persons living outside the United States.)

NAME	YEARS KNOWN	HOME ADDRESS STREET AND NUMBER, CITY, STATE, TELEPHONE NUMBER	BUSINESS ADDRESS STREET AND NUMBER, CITY, STATE, TELEPHONE NUMBER

21. HAVE YOU EVER BEEN ARRESTED, CHARGED, OR HELD BY ANY LAW ENFORCEMENT AUTHORITIES FOR ANY VIOLATION OF ANY LAW, REGULATION OR ORDINANCE? INCLUDE ALL COURTS-MARTIAL. DO NOT INCLUDE ANYTHING THAT HAPPENED BEFORE YOUR 16TH BIRTHDAY. DO NOT INCLUDE TRAFFIC VIOLATIONS FOR WHICH THE ONLY PENALTY IMPOSED WAS A FINE OF \$25.00 OR LESS. ALL OTHER CHARGES MUST BE INCLUDED EVEN IF THEY WERE DISMISSED.

YES NO IF "YES", GIVE DATE AND PLACE, CHARGE, AND DISPOSITION

22. HAVE YOU EVER BEEN PREVIOUSLY PROCESSED FOR, GRANTED OR DENIED A CLEARANCE? (If answer is "YES", indicate level of clearance granted, by whom and where employed at that time under Item 26, "Remarks".) YES NO

23. HAVE YOU EVER EXPERIENCED MENTAL OR NERVOUS DISORDERS WHICH REQUIRED PROFESSIONAL HELP? YES NO (If answer to the above is "YES", explain. Give names and addresses of hospitals, clinics, sanitoriums, and physicians, psychologists or psychiatrists who have examined or treated you for such conditions.)

24. HAVE YOU EVER USED ILLEGAL DRUGS, INCLUDING MARIJUANA AND OTHER SOFT DRUGS, OR ABUSED PRESCRIPTION DRUGS? YES NO (If answer is "YES", explain. State form(s) of drugs taken, how administered, dates and places, to what extent and under what circumstances.)

25. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH IS TOTALITARIAN, FASCIST, COMMUNISTIC, OR SUBVERSIVE, OR WHICH HAS ADOPTED, OR SHOWS, A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OF VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR WHICH SEEKS TO ALTER THE FORMS OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? YES NO (If the answer to the above question is "YES", list in item 26, the names of all such organizations associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities.)

26. REMARKS (Use the space provided below and attach additional sheets, if necessary.)

I certify that the entries made by me above are true, complete, and correct to the best of my knowledge and belief. SIGNATURE OF EMPLOYEE

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