****

23 March 2015

**MEMORANDUM**

**FROM**: U.S. Agency for International Development, Office of Security Personnel Security Division,

(SEC/PSD), Clearance Verification Team

**TO**: Click here to enter text.

**SUBJECT**: Certification of Security Clearance for USAID Employee

The below-named USAID employee is certified to your agency or organization for the date(s) and purpose specified.

**VISITOR INFORMATION: TO BE COMPLETED BY APPROVED SUBMITTING OFFICIALS**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Name: Last Name, First Name, Middle Name | | | 2. Gender: Female Male |
| 3. Date of Birth: MM-DD-YYYY | 4. Place of Birth: City, State/Country | | |
| 5. Social Security Number: Full Social Security Number. | | | |
| 6. Purpose of Visit: (DOS DETAILEE- The DOS sponsoring office must submit a DS-1143)  Click here to enter text. | | | |
| 7. Length of Visit: Start: Enter Date  End: Enter Date | | 8. Visiting City: Enter City  Country/State: Enter State | |
| 9. Submitting Requestor: (Name, Title, Office, email, Phone) | | | |
| 10. Point of Contact at visiting location: (Name, Title, Office, email, fax, Phone) | | | |
| 11. Visit/Meeting Classification(specify):  TS-SCI Top Secret  Secret Facility Access | | | |
| 12. Additional Comments: Click here to enter text. | | | |

**SECURITY CLEARANCE INFORMATION**: **TO BE COMPLETED BY THE SECURITY OFFICE**

|  |  |  |
| --- | --- | --- |
| 13. Clearance/Access Level: Choose an item. | 14. Date Granted: Date | 15. Granting Agency:  USAID |

|  |  |  |  |
| --- | --- | --- | --- |
| 16. Investigation Type: Select an Item | 17. Date Completed: Enter Date | | 18. Investigating Agency: |
| 19. SCI Granting Agency: Central Intelligence Agency | | 20. SCI Accesses: (SI/TK/G/HCS):  21. SCI Brief date: Select date | |
| I verify the above security clearance information is correct and can be reconfirmed by contacting the USAID Office of Security submitting security officer listed below at (202) 712-0990.  Verifying Security Officer (Last, First, MI)  Click here to enter text. | | | |
| Verifying Security Officer Signature & Date | | | |

**CERTIFICATION OF SECURITY CLEARANCE FOR USAID EMPLOYEE**

***Instructions for Completion***

**VISITOR INFORMATION: Should be completed by the visitor’s Administrative Bureau representative**

1. **VISITOR NAME**. Insert the visitor’s full legal name—the last name first, then the first name, then middle name, then suffix. Separate the last name from the first name with a comma. ***The name shown on the form must exactly match the name shown on the identity source documents presented for verification.*** If there has been a change of name, accompanying paperwork must be provided to validate the different name.
2. **GENDER**. Check the applicable box.
3. **DATE OF BIRTH**. Insert the Applicant’s date of birth in the format MM-DD-YYYY.
4. **PLACE OF BIRTH**. Spell out the complete City, State and/or country of visitor.
5. **SOCIAL SECURITY NUMBER or LES/FSN NATIONAL IDENTIFICATION NUMBER**. Insert Applicant’s social security number or LES/FSN national identification number. If the Applicant has neither of these, insert “N/A”.
6. **PURPOSE OF VISIT**. Enter specific but brief explanation/purpose of visit.
7. **LENGTH OF VISIT**. Use the calendar option to enter the start and end date of visit. This will automatically format the date with required MM-DD-YYYY.
8. **VISITING CITY: Spell out the full City, Country and/ or State name. Do not use abbreviations unless drop down provides option.**
9. **SUBMITTOR’S NAME**. Enter First & Last Name, Title, Bureau Office Symbol, email address & phone number that you can reached for immediate questions or issues.
10. **POINT OF CONTACT AT VISITING LOCATION**: Enter First & Last Name, Title, Bureau Office Symbol, email address & phone number that you can reached for immediate questions or issues.
11. **VISIT/MEETING CLASSIFICATION (SPECIFY)**: Enter the clearance level for meeting/briefing if applicable.
12. **ADDITIONAL COMMENTS**: Enter any additional information required to assist in the transmission of this clearance i.e. SMO CODE, Additional POCs’ or Fax Numbers.

**SECURITY CLEARANCE INFORMATION: Completed by the Office of Security**

1. **CLEARANCE LEVEL**. Select the appropriate Security Clearance/Access Level category i.e. SCI, Secret, Top Secret, Facility Access (LPRT, MPRT, HPRT).
2. **DATE GRANTED:** Enter the date clearance was granted in MM-DD-YYYY
3. **GRANTING AGENCY:** Select the clearance granting agency from drop down. If not available select other and type information.
4. **INVESTIGATION TYPE:**  Check the appropriate box.
5. **INVESTIGATION COMPLETION DATE:** Enter the investigation completion date.
6. **INVESTIGATING AGENCY:** Select the clearance granting agency from drop down. If not available select other and type information.
7. **SCI GRANTING AGENCY:** Static Central Intelligence Agency (No entry required).
8. **SCI ACCESS: Select all access visiting individual has been indoctrinated into**.
9. **SCI BRIEF DATE:** Enter date visitor received SCI Indoctrination Brief.

**SUBMISSION REQUIREMENTS: The clearance certification mailboxes are the central point for all clearance transfer request. Request for passing collateral clearances (NON-SCI) should be sent to** [**secclearanceverif@usaid.gov**](mailto:secclearanceverif@usaid.gov)**. Sensitive compartmented information (SCI) access transfer request should be forwarded to** [**sec-scirequests@usaid.gov**](mailto:sec-scirequests@usaid.gov) **Please submit request with the employee’s name and event start date on the subject line of the email. NOTE: DO NOT attach multiple requests to a single e-mail message. PLEASE do not send request directly to any SEC personnel individual e-mail address as this may result in processing delay.**

**Privacy Act Statement:**

The information on this form is necessary to determine whether an applicant has the appropriate employment status and clearance for access identification. Federal Records Act, 44 USC 3101, as amended; Executive Order 10450, as amended; and Executive Order 13526 constitute the authority for requesting this information. Failure to complete this form may result in refusal to provide an applicant with access identification. Disclosure of the information provided will not be made outside the Agency without written consent except (a) pursuant to applicable routine use listed under System of Records Notice USAID-8 Personnel Security and Suitability Investigations Records, or (b) when disclosure without the candidate’s consent is authorized by the Privacy Act, 5 USC 552a and provided in 22 CFR 215, Regulations for Implementation of Privacy Act of 1974.

The use of Social Security Numbers for U.S. citizens is authorized by Executive Order 9397, as amended. The Social Security Number is provided voluntarily to the Agency by the individual to enable proper entry of this report into the applicant’s records. Failure to provide the required information could lead to mistaken identity entailing administrative complications with possible inconvenient or adverse consequences for the applicant.

**CONFIDENTIALITY OF RECORD**: This form shall be subject to inspection only by those persons authorized by USAID.

**CONFIDENTIALITY NOTICE**: This correspondence and any attachments therein contain confidential information belonging to USAID employee(s) which is legally privileged.  The information is intended only for the use of the individual or entity to whom it is addressed.  Please do not forward this document without permission.  If you are not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this transmission is strictly prohibited.  If you have received this transmission in error, please notify us immediately by telephone or return email and delete and destroy the original email message, any attachments thereto and all copies thereof.