APPENDIX BB

Personal Security Clearance Information Sheet

MULTINATIONAL INDUSTRIAL SECURITY WORKING GROUP
Document Number 19

Personnel Security Clearance Information/Action Sheet

INTRODUCTION

There are occasions when National Security Authority or Designated Security Authority NSA/DSA may require confirmation of an individual’s Personnel Security Clearance (PSC) from another NSA/DSA, in connection with the granting or maintenance of a Facility Security Clearance or for other official purposes.

There are also occasions when an NSA/DSA may require an individual resident in another MISWG country to be granted a PSC. For example, this may occur when the individual has been offered employment in a facility in another MISWG country where he will require access to classified information. This PSC Information/Action Sheet (PSCIS) may also be used to request the initiation of a security investigation. In such circumstances, the PSC or an Assurance that the individual would be eligible for a clearance in their country of domicile will be forwarded to the requesting NSA/DSA.

In order to standardize the format for such confirmations, the attached PSC Information/Action Sheet has been developed.

The information provided therein DOES NOT constitute an OFFICIAL PSC Certificate and is provided for information purposes only.

The recipient NSA/DSA may use such information in accordance with its national rules and regulations.

This procedure SHALL NOT be used in those circumstances where a formal visit clearance is required.
PERSONNEL SECURITY CLEARANCE INFORMATION/ACTION SHEET

Please provide a PSC or Security Assurance for the person listed below up to and including the level of ________

Corrections/ Completions

1. Full Name:

2. Date/ Place of Birth:

3. Nationality/Citizenship:

4. Employed by/Home Address/
   Residence:

5. This request is made for the following reason(s):

Requesting NSA/DSA: Name:________________________ Date:_____________

REPLY

1. This is to inform you that the above mentioned person:
   ( ) Holds a PSC up to and including the level of ( )S ( )NS ( )C ( )NC
   ( ) Does not hold a PSC
   ( ) Does not hold a PSC but on your above mentioned request PSC or Assurance action (as appropriate) is in progress in accordance with our national regulations. You will be informed when the PSC/Assurance can be provided.

2. This PSC/Assurance certification expires:
   Yes ( ) Certification Expiry Date: _____________________
   No ( ) Not Applicable

3. Remarks:

Providing NSA/DSA NAME:________________________ DATE:_____________

Transmitted to the requesting NSA/DSA:__________________________________

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