

U.S. DEPARTMENT OF ENERGY
PERSONNEL SECURITY INFORMATION REPORTING FORM

PRIVACY ACT STATEMENT

AUTHORITY: The Atomic Energy Act of 1954, as amended, (42 U.S.C. § 2011 et seq.), the Department of Energy Organization Act (42 U.S.C. § 7101) authorizes the collection of this information. The information provided through this form is covered by a DOE Privacy Act System of Record, DOE-43, Personnel Security Files, which was last updated in volume 76 of the Federal Register, pages 66917-66920, published on December 11, 2011, and located at Federal Register: Privacy Act of 1974; Notice to Amend an Existing System of Records.

PURPOSE: This form is used to collect reportable information in accordance with Security Executive Agent Directive (SEAD) 3, Reporting Requirements for Personnel with Access to Classified Information or Who Hold a Sensitive Position.

ROUTINE USES(S): This information gathered on this form will be disclosed to and used by DOE Cognizant Personnel Security Office (CPSO) personnel in a determination on your continued access to DOE facilities and information. DOE may disclose this information in courts or in administrative proceedings, to the tribunals, counsel, other parties, witnesses, and the public (in publicly available pleadings, filings, or discussion in open court) if the disclosure is relevant and necessary for the proceeding and compatible with the purpose for which the Department originally collected this information. This information may be provided to DOE employees or contractors who have a need for the information in the performance of their duties or to fulfill contact requirements, pursuant to the purpose established in DOE-43

DISCLOSURE: Furnishing this information (including additional identifying data) is mandatory for covered individuals but voluntary for others; however, failure to furnish the requested information may be considered as a failure to cooperate under 10 Code of Federal Regulations (CFR) 710.6, Cooperation by the individual.

OMB BURDEN DISCLOSURE STATEMENT

Public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time to exist data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Environment, Health, Safety and Security's Office of Departmental Vetting Policy and Outreach (EHSS-83), U.S. Department of Energy, Washington, DC 20585; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-1800), Washington, DC 20503.

SUBMISSION REQUIREMENTS & INSTRUCTIONS

NOTE: This form is preformatted as Controlled Unclassified Information (CUI). The individual filling out this form is responsible for ensuring no classified or Unclassified Controlled Nuclear Information (UCNI) is included or attached.

- 1. COVERED INDIVIDUALS REQUIRED TO REPORT:** Covered individuals include all persons, who have access to classified information or who hold sensitive positions, including, but not limited to, contractors, subcontractors, licenses, certificate holders, grantees, experts, consultants, and government employees. Sensitive Compartmented Information (SCI) cleared personnel must dual report Reporting Requirements to the local Special Security Officer.
- 2. REPORTING REQUIREMENTS:** Unless otherwise specified, the following information must be reported to your Cognizant Personnel Security Office (CPSO) within three working days of the event/incident.
 - 2.1. Arrests, criminal charges, citations, or detentions by federal/state law enforcement authorities within or outside of the U.S.**
 - 2.1.1. Excluding traffic violations resulting in a fine of less than \$300 unless the offense is alcohol or drug related.
 - 2.2. Association with Foreign National**
 - 2.2.1. Continuing association with known foreign nationals that involve bonds of affection, personal obligation, or intimate contact or any contact with a foreign national that involves the exchange of personal information. Casual public contact with foreign nationals is not required.
 - 2.2.2. Any foreign national(s) who co-occupies your residence for a period of more than 30 consecutive calendar days.

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2.3. Contact with Known or Suspected Foreign Intelligence --Do not use this form

2.3.1. Contact that is solely in relation to your official duties does not need to be reported. Please contact your CPSO or local servicing CI office directly to report this information. See page 4.

2.4. Drug or Alcohol Treatment

2.4.1. Illegal Drug Use or Use of a Controlled Substance in a Manner that Deviates from Approved Medical Direction

2.5. Elicitation, Exploitation, Blackmail, Coercion, or Enticement to Obtain Classified or Sensitive Information (including any attempts of such) --Do not use this form

2.5.1. Please contact your CPSO or local servicing CI office directly to report this information. See page 4.

2.6. Family Residing in a Sensitive Foreign Country

2.6.1. Please contact your CPSO or local servicing Counterintelligence office directly for a list. See page 4.

2.7. Financial Anomalies

2.7.1. Any debt that is over 120 days delinquent

2.7.1.1. Personal or business-related bankruptcy

2.7.1.2. Wage garnishment

2.7.1.3. Infusion of assets of \$10,000 or greater such as an inheritance, winnings, or similar financial gain

2.8. Foreign Activities

2.8.1. Application and/or receipt of foreign citizenship

2.8.2. Application for, possession, or use of a foreign passport or identity card for travel

2.8.3. Direct involvement in foreign business

2.8.4. Foreign bank account

2.8.5. Ownership of foreign property

2.8.6. Voting in a foreign election

2.8.7. Adoption of non-U.S. citizen children

2.9. Hospitalization for Mental Health Reasons (Voluntary and/or Involuntary)

2.10. Marriage or Cohabitation (must be reported within 45 days)

2.11. Media Contact Attempting to Obtain Classified or Sensitive Information

2.12. Legal Name Change

2.13. Unofficial Foreign Travel

2.13.1. Planned unofficial (i.e., personal) foreign travel must be reported to the CPSO. This form should be submitted as soon as travel arrangements have been made, but no less than 30 days prior to your scheduled departure. You must receive appropriate Counterintelligence briefing prior to traveling to a sensitive country

2.13.2. Travel to Puerto Rico, Guam, or other U.S. possessions and territories do not need to be reported.

2.13.3. Unplanned day trips to Canada or Mexico shall be reported upon return. Reporting shall be within five business days.

2.13.4. Within five business days following the return from your trip, Unofficial Foreign Travel (completed trip) must be reported.

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- 3. REPORTABLE ACTIONS BY OTHERS:** To ensure the protection of classified information or other information specifically prohibited by law from disclosure, covered individuals shall report the following activities of other covered individuals that may be of potential security or Counterintelligence concern:
- 3.1. Any activity that raises doubts as to whether another covered individual's continued national security eligibility is clearly consistent with the interests of national security.
 - 3.2. Apparent or suspected alcohol abuse.
 - 3.3. Apparent or suspected drug use/misuse or involvement in drug activity.
 - 3.4. Apparent or suspected mental health issues where there is reason to believe it may impact the covered individual's ability to protect classified information or other information specifically prohibited by law from disclosure.
 - 3.5. Known or suspected criminal conduct.
 - 3.6. Misuse of U.S. Government property or information systems.
 - 3.7. Excessive indebtedness or unexplained affluence (i.e., sudden purchases of high value items such as real estate, stocks, vehicles, or vacations where no logical income source exists).
 - 3.8. An unwillingness to comply with rules and regulations or to cooperate with security requirements.

4. FILLING OUT THE FORM

- 4.1. If self-reporting, fill in the "Clearance Holder/Covered Individual Identifying Information" section with your own information.
- 4.2. If you are reporting information on another covered individual, complete the "Clearance Holder/Covered Individual Identifying Information" section using that covered individual's information and enter your name and contact information in the fields beneath "Check if this report is being field by someone other than the person named above". Additional reporting categories are provided for reporting on other covered individuals; select all that apply.
 - 4.2.1. Please explain how you obtained the information and why you believe it is accurate and if there is a method to verify.
- 4.3. Please only report one event/incident per form but select all categories that apply to that event/incident. Example: If you were recently married and changed your name, select both the "Marriage/Cohabitation" and "Name Change" category; or if you were detained or arrested by law enforcement and immediately hospitalized for mental health reasons because of that event, select both the "Arrest, Charge, Citation, Detention" and "Hospitalization for Mental Health Reasons" category.
- 4.4. As you select your applicable reporting categories, please be sure to add necessary details requested for each category.
- 4.5. If you mistakenly add a category, remove the check mark, and only respond to those categories applicable to your reporting event.
- 4.6. All questions must be answered with as much detail as possible. Always include details on who, what, when, where, why, and how in your answers.

5. SUBMITTING THE FORM:

- 5.1. Do not include or attach any classified (or potentially classified) information or Unclassified Controlled Nuclear Information (UCNI) in your submission. Please contact your CPSO or local CI office to report this information directly.
- 5.2. All email submissions must be encrypted. Passwords may be applied to files for email submission. However, the password must be sent in a separate, unrelated email. Please DO NOT send the file with "CUI" or "UNCLASSIFIED" in the file name. If you do not have entrust or password capability, this form can be faxed, mailed, or hand-delivered to your CPSO.

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- 5.3. **Once a CPSO is selected on the form, a button will appear to submit the form.** Emails, mailing addresses, and fax numbers are also provided below. See tables below for CPSO contact information for any questions or concerns.
- 5.4. **Print to PDF Instructions:** Once the form is complete, click on File and select Print. Select the Printer Name drop-down, choose Adobe PDF, then click Print. A Save As dialog box will appear. Save the PDF to the file location of your choice. Once this PDF is successfully saved, you can upload that file into the web-based application. The printed/saved PDF file is non-fillable, and you will be unable to edit the fields. **IMPORTANT:** This form contains Personally Identifiable Information and should be protected/ stored according to DOE policy. Please **DO NOT** save the file with "CUI" or "UNCLASSIFIED" in the file name and **DO NOT** password protect the file if directly uploading to a web-based application. Passwords may be applied to files for email submission only. However, the password must be sent in a separate, unrelated email.

CPSO CONTACT INFORMATION

CPSO	Phone Number	Email Address	Mailing Address	Fax Number
NNSA Albuquerque Complex	(505) 845-4636	incidentreports waivers@nnsa.doe.gov	NA-74, OPFCC Attn: Incident Reporting Bldg. 20381-121A U.S. Department of Energy PO Box 5400 Albuquerque, NM 87185	(505) 845-4970
Naval Reactors Laboratories Field Office	(518) 395-6373	nrpersec.helpdesk@nrp.doe.gov	NRLFO PERSEC AT2/114 PO Box 1069 Schenectady, NY 12301	(518) 395-6097
Savannah River Operations Office	(803) 952-5645	doesrpersecrptform@srs.gov persec_mailbox@srs.gov centpersonnel-sec@srs.gov	USDOE - Savannah River Operations Office Attn: Amy M. Hensley Personnel Security 730-2B, Room 130 Road 1A, PO Box A Aiken, SC 29802	(803) 952-6981
Office of Science Consolidated Service Center	(865) 576-2223	informationreports@science.doe.gov oroclearanceprocessing@science.doe.gov	Office of Science Consolidated Service Center 200 Administration Road Oak Ridge, TN 37830	(865) 576-2656
Idaho Operations Office	(208) 526-7556 (208) 526-6138	doeidpersecreporting@id.doe.gov	U.S. Department of Energy Idaho Operations Office, Security Division Attn: Personnel Security 1955 Fremont Ave. MS1170 Idaho Falls, ID 83415-1170	(208) 526-6451
Richland Operations Office	(509) 376-1844 (509) 376-6854	doe_clearance_processing_center@rl.gov	U.S. Department of Energy Attn: Clearance Processing Center H5-20 PO Box 550 Richland, WA 99352	N/A
Headquarters Operations Office	(301) 903-4175	personnelsecurity@hq.doe.gov	U.S. Department of Energy AU-43/Germantown Building 1000 Independence Ave., SW Washington, D.C. 20585-1290	(301) 903-4816
Office of Intelligence and Counterintelligence Security Division	N/A	inpersec@in.doe.gov	U.S. Department of Energy, Office of Intelligence and Counterintelligence Attn: IN-33 PERSEC Branch Room GA-293 1000 Independence Avenue, SW Washington, DC 20585	(202) 586-7379

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SECTION II. ARRESTS, CHARGES, CITATIONS, AND DETENTIONS

Report criminal citations, summons, arrests (regardless of whether you were taken to jail) or detentions by law enforcement where you were a suspect or defendant (detentions to provide witness statements do not need to be reported). Do not report non-criminal traffic violations where the fine (after court) levied under \$300. All criminal traffic violations and any violation involving drugs or alcohol must be reported. Please provide as much information as possible with this report, including available copies of citations, reports, or other documentation.

1. Charge (DUI, Assault, Theft, Criminal Traffic, etc.) If you have multiple charges from the same incident, list all here:

2. Date and Time of Incident:

3. City and State Where the Incident Occurred:

4. Law Enforcement Agency:

5. Please provide the disposition (if known):

6. Please provide details surrounding your incident. Include the events leading up to the incident, and why you believe you were arrested/charged:

SECTION III. ASSOCIATION WITH FOREIGN NATIONALS

This information pertains to your ongoing, unofficial association with foreign nationals involving bonds of affection, obligation, intimacy, or exchange of personal information. Please provide as much information as possible. Limited or casual, public contact with foreign nationals is not required.

1. Full Name of Foreign National:

2. Citizenship(s) of Foreign National:

3. When did your association with this individual begin?

4. Frequency:

Type/Frequency of Contact	1-6 Times per Year	6-12 Times per Year	2-4 Times per Month	More than 4 Times per Month
In Person				
Telephone/Video				
Text Messages				
Social media				
Other Contact				

5. What is the nature of your relationship with this individual (i.e., business, or personal)?

6. What is the status of the relationship?

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7. Foreign National's Residence City/Country:
8. Foreign National Occupation:
9. Check if this person is a cohabitant, new spouse, or roommate (for a period of more than 30 days):
10. Check if this person is affiliated with a foreign government in any capacity:
11. Name of foreign government:
12. What does the foreign national do for that government?
13. Have you been asked to provide sensitive or classified information? Yes No
14. Please provide any other information about this person that you feel may be relevant:
SECTION IV. CONTACT WITH FOREIGN INTELLIGENCE
STOP! Do not complete this form. Please contact your local Counterintelligence office to report unofficial contact with a known or suspected foreign intelligence entity. Do not add any additional information to this form as the information reported may be classified.
SECTION V. HOSPITALIZATION FOR MENTAL HEALTH REASONS
1. Please provide the requested information regarding your hospitalization for mental health related reasons: <div>Voluntary Hospitalization Involuntary Hospitalization</div>
2. Please provide the name and address of the hospital. Include the name(s) of treating physicians:
3. Please provide the reason you were admitted to the hospital:
4. Please provide the diagnosis and prognosis for the stay:
5. Please provide the dates of your hospitalization:
6. Please provide details regarding any on-going care you are receiving for this condition. Include type of medication/treatment, frequency of care, etc.:
7. Check this box if this hospitalization was related to drug use or abuse:
8. Check this box if this hospitalization was related to alcohol use or abuse:

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SECTION VI. DRUG OR ALCOHOL TREATMENT

1. Drug Treatment Alcohol Treatment Both Drug and Alcohol

2. Please provide complete name and contact information for your treatment provider:

3. Please explain why you have sought treatment for drugs and/or alcohol:

4. Please provide your dates of treatment:

5. Please explain the type of treatment you have obtained (inpatient, outpatient, etc.):

SECTION VII. DRUG USE

1. List ALL illegal drugs used and any legal drugs (as identified in the Controlled Substance Act) used improperly, or against prescribing directions.

2. When did you last use illegal drugs, or illegally/improperly use legal drugs? (Date):

3. Please describe how you misused prescription drugs:

4. What are your intentions regarding the use of drugs?

5. Have you ever been advised to seek counseling or treatment for drug use?

6. Have you ever been to drug treatment or counseling? (Include hospitalization or outpatient treatment)

SECTION VIII. ALCOHOL USE

1. Describe your current/previous alcohol intake (i.e., how many beers, shots, or glasses of wine, etc., have you normally consumed in one sitting, and how often did you consume this amount?):

2. When did you last consume alcohol? (Date)

3. Has your use of alcohol interfered with your personal, professional, or financial obligations? If yes, explain.

4. What are your intentions regarding the use of alcohol?

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SECTION IX. ELICITATION OR ATTEMPTED ELICITATION

STOP! Do not complete this form. Please contact your local Counterintelligence office to report elicitation or attempted elicitation for classified or sensitive information. Do not add any information to this form as the information reported may be classified.

SECTION X. IMMEDIATE FAMILY ASSUMING RESIDENCE IN SENSITIVE COUNTRY

1. Which family member(s) are you reporting? Please include their name(s) and your relationship to these people.
2. What sensitive country are they residing in?
3. When did they move to this country?
4. What is the purpose of their residency in this country?
5. Are any of your relatives associated with, or working for foreign government? If so, please provide specifics here:

SECTION XI. FINANCIAL ANOMALIES

1. Please provide the following information regarding your financial report. Please report only one type of incident per report.

Bankruptcy	Wage Garnishment	Delinquent Account (Greater than 120 days)
Infusion of Cash more than \$10,000.00 (i.e., inheritance, winnings, etc.)		
- If you are reporting a bankruptcy, please provide the following information regarding your bankruptcy filing. You must also list all your accounts that are past due 120 days and/or in collection:
2. Please describe the circumstances that led to your bankruptcy filing:
3. Please provide name and location of the court in which you filed this action:
4. Under which chapter did you file bankruptcy?
5. What is the filing date?
6. For delinquencies more than 120 days, please provide the name of the creditor. For garnishments, please also provide the name and address of the court where filed:
7. Please provide the dollar amount of the delinquent account (as applicable):

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8. Please provide the circumstances surrounding delinquent debt. Include when you first incurred this debt, and discuss attempts you made to resolve the debt with the creditor:

9. Please provide the source of any infusion of assets of \$10,000 or greater (i.e., inheritance, winnings, etc.):

10. Please provide the amount of money you received with this transaction:

SECTION XII. FOREIGN ACTIVITIES

1. Select all foreign activities that apply and provide as much information as possible:

Involvement in a Foreign Business

Foreign Bank Account

Ownership of Foreign Property

Application for or Receipt of Foreign Citizenship

Application for/Possession of Foreign Passport or Identity Card

Voting in a Foreign Election

Foreign Benefits

Adoption of a non-U.S. Citizen Child

SECTION XIII. INVOLVEMENT IN A FOREIGN BUSINESS

1. Business/Company Name:

2. Please describe the line of business and customer base:

3. In what countries does the company have offices or conduct business? List all:

4. Date you began involvement:

5. Describe how you became involved in this business and what your involvement is in the business:

6. If you have financial involvement, what is the total value (in U.S. currency) of your involvement?

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SECTION XIV. OWNERSHIP OF FOREIGN PROPERTY

1. Type of Property:

2. Property Location:

3. Please describe the purpose and use of this property:

4. Please provide the estimated value of this property, and the amount of your ownership in this property:

5. Date Property Acquired:

6. How was this property acquired (i.e., purchased, inherited, etc.)?

7. What is the balance due on this property?

SECTION XV. VOTING IN A FOREIGN ELECTION

1. Country in which you voted:

2. Date you last voted in this country:

3. Please provide a list of all foreign elections you have voted in since you have become a U.S. Citizen. Include Date and Type of election (i.e., National – President, Local Mayor, etc.):

4. Please provide an explanation as to why you voted in an election of a foreign country:

SECTION XVI. FOREIGN BANK ACCOUNT

1. Country Where Account is Located:

2. Name of Financial Institution:

3. Type of Account:

4. Current Balance/Value (in U.S. Dollars):

5. Date Opened:

6. Date Closed (if applicable):

7. Please explain why you obtained this account:

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SECTION XVII. APPLICATION FOR OR RECEIPT OF FOREIGN CITIZENSHIP
Please provide the following information about your citizenship in a foreign country. If you obtained this citizenship after you obtained your United States citizenship, please provide the reason you sought this citizenship. If you hold a passport for this country, please provide your passport information.
1. In what country do you hold citizenship?
2. Why and how did you obtain this citizenship?
3. Please provide the date of application or receipt of foreign citizenship:
4. If you hold or have held a passport for this country, please describe below:
SECTION XVIII. APPLICATION FOR OR POSSESSION OF A FOREIGN PASSPORT OR IDENTITY CARD FOR TRAVEL
1. Issuing country of non-U.S. Passport/ID Card:
2. Passport/ID Application Date:
3. Passport/ID Issue Date:
4. Passport/ID Expiration Date:
5. Passport/ID Number:
6. Please list the dates and countries you have traveled to with this passport/ID:
7. Please explain why you obtained or hold the passport or identity card from a non-U.S. country:

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SECTION XIX. MEDIA CONTACT ATTEMPTING TO OBTAIN SENSITIVE INFORMATION

Media contacts where the media seeks access to classified information or other information specifically prohibited by law from disclosure, whether the contact results in an unauthorized disclosure. Media contacts related to the fulfillment of official duties of the position held by the covered individual need not be reported. Please provide information regarding your contact with the media, which requested sensitive or classified information.

Do not include any classified or potentially classified information. Contact your servicing Counterintelligence office directly to report this information if you think it may be classified.

1. Date(s) of contact with the media:

2. Name of media outlet:

3. Name of media representative:

4. Nature and purpose of contact:

5. Background and circumstances on how and why the media outlet contacted you:

6. Current status of contact (ongoing, periodic, etc.):

7. Did the contact or discussion involve any classified (or potentially classified) information, or any other information specifically prohibited by law from disclosure?

Yes

No

SECTION XX. LEGAL NAME CHANGE

Please provide requested information regarding your name change:

1. Previous Last Name (Include Suffix):

2. Previous First Name:

3. Previous Middle Name:

4. Previous Name Start Date:

5. Previous Name End Date:

6. New Last Name (Include Suffix):

7. New First Name:

8. New Middle Name:

9. New Name Start Date:

10. New Name End Date:

11. Check if this change is due to marriage

12. Please provide a reason for this name change if other than marriage:

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SECTION XXI. UNOFFICIAL FOREIGN TRAVEL – PLANNED TRIP

Please provide the following information regarding your unofficial foreign travel.

1. Travel Start Date:	2. Travel End Date:	3. Passport Number:
4. Itinerary/Trip Location(s):		
5. Mode(s) of Transportation and Identity of Carrier(s):		
6. Your Supervisor's Name:	7. Phone:	8. Email Address:
9. Name:	10. Phone Number:	11. Relationship:
12. Address:		
13. Relative, etc., of Foreign National Travel Companions:		
14. Details regarding planned interactions with foreign governments, companies, or citizens while on this trip (other than routine travel or tourism contacts). Include name of individual(s), citizenship, company/organization/government, and reason for contact:		

SECTION XXII. UNOFFICIAL FOREIGN TRAVEL – COMPLETED TRIP

Please provide the requested information regarding your recent trip. UNCLASSIFIED INFORMATION ONLY. Any classified or potentially classified information should be reported directly to your counterintelligence office.

1. Travel Start Date:	2. Travel End Date:
3. Trip Location(s):	
4. Please provide details regarding any planned or unplanned interactions with foreign governments, companies, or citizens while on this trip (other than routine travel or tourism activities). Please include names of individual(s), citizenship, company/organization/government, and reason for contact:	
5. Please provide details regarding any unusual or suspicious occurrences during travel, including those of possible security or counterintelligence significance (any classified or potentially classified information should be reported directly to your local counterintelligence office):	
6. Please provide details regarding any foreign legal or customs incidents you encountered during your travel:	

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SECTION XXIII. OTHER REPORTABLE INFORMATION

This section should only be used if your reportable information does not fall under any of the categories listed above. Do not include any classified or potentially classified information on this form.

1. Please provide the who, what, when, where, how, and why when reporting information:

SECTION XXIV. REPORTABLE BY OTHERS SECTION

a. Activity/Behavior that Raises Doubts About Continued National Security Eligibility

To ensure the protection of classified/sensitive information, you must report when a covered individual is involved in, or suspected to be involved in, activities that may be of potential security or counterintelligence (CI) concern. Covered individuals are anyone who has access to classified information or who hold sensitive positions, including, but not limited to, contractors, subcontractors, licensees, certificate holders, grantees, experts, consultants, and government employees.

Do not include any classified information on this form. Contact your Cognizant Personnel Security Office or local CI office to report classified information in person.

Please report any activity/behavior that raises doubts as to whether this individual's continued national security eligibility is clearly consistent with the interests of national security. Please fully describe the incident, activity, behavior, etc., and include the who, what, when, where, why, and how:

b. Apparent or Suspected Alcohol Abuse

To ensure the protection of classified/sensitive information, you must report when a covered individual is involved in, or suspected to be involved in, activities that may be of potential security or counterintelligence (CI) concern. Covered individuals are anyone who has access to classified information or who hold sensitive positions, including, but not limited to, contractors, subcontractors, licensees, certificate holders, grantees, experts, consultants, and government employees.

Do not include any classified information on this form. Contact your Cognizant Personnel Security Office or Local CI office to report classified information in person.

Please report any apparent or suspected alcohol abuse. Examples may include, but are not limited to, workplace incidents or violations involving alcohol, excessive use of leave or consistent tardiness that is suspected to be related to alcohol use, known or suspected arrests or contact with law enforcement relating to alcohol, behavior observed in the workplace that is consistent with alcohol abuse (i.e., slurred speech, unusual behavior, odor of alcohol, etc.) or any known treatment or hospitalization related to alcohol. Please fully describe the incident, activity, behavior, etc., and include the who, what, when, where, why, and how:

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c. Apparent or Suspected Drug Use/Misuse of Drug Activity

To ensure the protection of classified/sensitive information, you must report when a covered individual is involved in, or suspected to be involved in, activities that may be of potential security or counterintelligence (CI) concern. Covered individuals are anyone who has access to classified information or who hold sensitive positions, including, but not limited to, contractors, subcontractors, licensees, certificate holders, grantees, experts, consultants, and government employees.

Do not include any classified information on this form. Contact your Cognizant Personnel Security Office or Local CI office to report classified information in person.

Please report any apparent or suspected drug use/misuse or drug activity/involvement. Examples may include, but are not limited to, workplace incidents or violations involving drugs, excessive use of leave or consistent tardiness that is suspected to be related to drug use, known or suspected arrests or contact with law enforcement relating to drugs, behavior observed in the workplace that is consistent with drug use/misuse (i.e., slurred speech, unusual behavior, odor of marijuana, etc.), or any known treatment or hospitalization related to drugs. Please fully describe the incident, activity, behavior, etc. and include the who, what, when, where, why, and how:

d. Apparent or Suspected Mental Health Issues

To ensure the protection of classified/sensitive information, you must report when a covered individual is involved in, or suspected to be involved in, activities that may be of potential security or counterintelligence (CI) concern. Covered individuals are anyone who has access to classified information or who hold sensitive positions, including, but not limited to, contractors, subcontractors, licensees, certificate holders, grantees, experts, consultants, and government employees.

Do not include any classified information on this form. Contact your Cognizant Personnel Security Office or Local CI office to report classified information in person.

Please report any apparent or suspected mental health issues where there is reason to believe it may impact the individual's ability to protect classified information or other information specifically prohibited by law from disclosure. Please fully describe the incident, activity, behavior, etc. and include the who, what, when, where, why, and how:

e. Criminal Conduct

To ensure the protection of classified/sensitive information, you must report when a covered individual is involved in, or suspected to be involved in, activities that may be of potential security or counterintelligence (CI) concern. Covered individuals are anyone who has access to classified information or who hold sensitive positions, including, but not limited to, contractors, subcontractors, licensees, certificate holders, grantees, experts, consultants, and government employees.

Do not include any classified information on this form. Contact your Cognizant Personnel Security Office or Local CI office to report classified information in person.

Please report any known or suspected criminal conduct or involvement in criminal activity. Please fully describe the incident, activity, behavior, etc., and include the who, what, when, where, why, and how:

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f. Misuse of Government Property or Information Systems

To ensure the protection of classified/sensitive information, you must report when a covered individual is involved in, or suspected to be involved in, activities that may be of potential security or counterintelligence (CI) concern. Covered individuals are anyone who has access to classified information or who hold sensitive positions, including, but not limited to, contractors, subcontractors, licensees, certificate holders, grantees, experts, consultants, and government employees.

Do not include any classified information on this form. Contact your Cognizant Personnel Security Office or Local CI office to report classified information in person.

Please report any known or suspected misuse of government property, information, or systems. Please fully describe the incident, activity, behavior, etc., and include the who, what, when, where, why, and how:

g. Excessive Indebtedness or Unexplained Affluence

To ensure the protection of classified/sensitive information, you must report when a covered individual is involved in, or suspected to be involved in, activities that may be of potential security or counterintelligence (CI) concern. Covered individuals are anyone who has access to classified information or who hold sensitive positions, including, but not limited to, contractors, subcontractors, licensees, certificate holders, grantees, experts, consultants, and government employees.

Do not include any classified information on this form. Contact your Cognizant Personnel Security Office or Local CI office to report classified information in person.

Please provide details regarding the individual's excessive indebtedness or unexplained affluence (i.e., sudden purchases of high value items such as real estate, stocks, vehicles, or vacations where no logical income source exists). Please fully describe the incident, activity, behavior, etc., and include the who, what, when, where, why, and how:

h. Unwillingness to Comply with Rules/Regulations or Failure to Cooperate with Security Requirements

To ensure the protection of classified/sensitive information, you must report when a covered individual is involved in, or suspected to be involved in, activities that may be of potential security or counterintelligence (CI) concern. Covered individuals are anyone who has access to classified information or who hold sensitive positions, including, but not limited to, contractors, subcontractors, licensees, certificate holders, grantees, experts, consultants, and government employees.

Do not include any classified information on this form. Contact your Cognizant Personnel Security Office or Local CI office to report classified information in person.

Please report the individual's unwillingness to comply with rules and regulations or failure to cooperate with security requirements. Please fully describe the incident, activity, behavior, etc., and include the who, what, when, where, why, and how:

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SECTION XXV. DATA REPORT ON SPOUSE/COHABITANT	
1. Name of Employee or Applicant (Last, First, Middle):	2. Current Name of Spouse or Cohabitant:
3. Other Names Used by Employee or Applicant (Maiden Name and/or name(s) previously used):	4. Other Names Used by Spouse/Cohabitant (Maiden Name and/or name(s) previously used – include timeframe(s)):
5. Social Security Number of Employee or Applicant:	6. Social Security Number of Spouse or Cohabitant:
7. Beginning Date of Marriage/Cohabitation:	8. Date of Birth of Spouse/Cohabitant:
9. Current Physical Address of Spouse/Cohabitant:	10. Place of Birth of Spouse/Cohabitant (City, State, Country):
11. Citizenship of Spouse/Cohabitant (Complete a. or b. – whichever applies): <div><div>a. U.S. By Birth Derivative (Provide Certificate Number): Naturalization (provide Certificate Number/Date/City, State Issued):</div><div>b. Foreign National Alien Registration Number/Date/City/State Issued: Foreign country(ies) where spouse/cohabitant holds citizenship:</div></div>	
12. If your Spouse/Cohabitant is a U.S. Citizen, does he/she hold dual citizenship with any other country(ies)? <div>If Yes, List the Countries:</div> <div>YesNo</div>	
Signature of Employee:	Date Signed:
DOE File No. (To be filled in by Cognizant Personnel Security Office):	