

DEPARTMENT OF HOMELAND SECURITY
**CRITICAL INFRASTRUCTURE PRIVATE SECTOR CLEARANCE
PROGRAM REQUEST**

OMB No. 1670-0013
Expiration Date: 01/31/2015

****Please complete the form with the exception of your SSN, Date of Birth, and Place of Birth.
You will be contacted directly by a DHS Security Specialist for this information.**

SUBJECT INFORMATION	
FULL LEGAL NAME (First, Middle, Last, Suffix):	TODAY'S DATE:
COMPANY NAME AND ADDRESS:	PHONE:
	EMAIL ADDRESS:
NOMINEE IS CURRENTLY A MEMBER OF: OTHER:	CLEARANCE LEVEL:

JUSTIFICATION	
NOMINEE'S JOB TITLE/POSITION: (Do not use acronyms)	U.S. CITIZEN: <input type="checkbox"/> YES <input type="checkbox"/> NO
Has the Chief Security Officer of the company been notified of the nomination? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A Please provide CSO contact information. Name: _____ Phone or e-mail: _____	
Is there a secure facility within 50 miles where a clearance holder may attend a classified briefing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, but I'm willing to travel	
Nominee satisfied the following criteria (from EO 13549 Section 5.g): <input type="checkbox"/> Corporate owners and operators determined by the Secretary of Homeland Security to be part of the Critical Infrastructure; <input type="checkbox"/> Subject matter experts selected to assist with Federal or State Critical Infrastructure Security and Resilience; <input type="checkbox"/> Personnel serving in specific leadership positions of Critical Infrastructure coordination, operations, and oversight; <input type="checkbox"/> Employees of corporate entities relating to the protection of Critical Infrastructure; <input type="checkbox"/> Other persons not otherwise eligible for the granting of a personnel security clearance pursuant to Executive Order 12829, as amended, who are determined by the Secretary of Homeland Security to require a personnel security clearance.	
<input type="checkbox"/> Nominee's positions require coordination with the Department of Homeland Security and the sharing of classified information regarding threats to and protection of the nation's critical infrastructure involving the	
Further justification, to include Nominee's responsibilities and association memberships :	

**Provide all of the below requested information ONLY if you previously held an active clearance within the last 24 months.*

Nominee previously held currently holds a Secret Top Secret clearance

Sponsored by (Name of Agency): _____

Contact Information of Security Official/Office:
Phone Number: _____ E-mail: _____

Nominee retired/separated or will retire/separate from: _____

Date of retirement/separation: _____ Reciprocity/Reinstatement? YES NO (Check "yes" ONLY if you have a current clearance or if your prior security clearance was active within the last 2 years)

For Periodic Reinvestigations: Has clearance holder used his/her PSCP clearance? _____

NOMINATION INFORMATION		
NOMINATOR NAME:	SIGNATURE:	DATE:
Position:	X	
A/S FOR INFRASTRUCTURE PROTECTION: <input type="checkbox"/> Concur <input type="checkbox"/> Non-Concur	SIGNATURE: X	DATE:

DO NOT COMPLETE BELOW THIS LINE	
DATE OF BIRTH:	PLACE OF BIRTH:
SOCIAL SECURITY NUMBER:	MAILING ADDRESS (optional):

Paperwork Burden Notice: The public reporting burden for this form is estimated to be 10 minutes. The burden estimate includes time for reviewing instructions, researching existing data sources, gathering and maintaining the needed data, and completing and submitting the form. Your response is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed. **Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to DHS/ NPPD/IP/PSCP, Mail Stop 0609, 245 Murray Lane SW, Bldg 410, Washington DC 20598. ATTN: PRA (1670-0013)**
NOTE: DO NOT send your completed form to this address.

Privacy Act Statement:

Authority: Section 201 of the Homeland Security Act and Executive Orders 9397, 12968, 13526, and 13549 authorize the collection of this information.

Purpose: The primary purpose of this collection is to facilitate the background investigations required to potentially grant a security clearance to an individual partner, serving as a subject matter expert within a specific industry and possessing knowledge not available within DHS. DHS will maintain the roster of program members for contact purposes and to facilitate information sharing.

Routine Uses: Information will be shared with the Office of Personnel Management to conduct background investigations, as necessary and authorized by the routine uses published in DHS/ALL-023 - Department of Homeland Security Personnel Security Management, 74 FR 3084 (January 16, 2009). Contact information may be shared with other Federal partners as necessary and authorized by the routine uses published in DHS/ALL-002 - Department of Homeland Security Mailing and Other Lists System, 73 FR 71659 (November 25, 2008).

Disclosure: Participation in the program is voluntary; however, failure to provide this information may prevent the individual from participating in the program or receiving a security clearance.

INSTRUCTIONS FOR COMPLETING DHS FORM 9014

FULL NAME: Enter your **FULL** legal name (First, Middle, Last, Suffix).

DATE: Enter today's date.

COMPANY NAME/ADDRESS: Enter your company name and address where you receive your business mail.

PHONE: Enter your 10-digit work phone number.

EMAIL ADDRESS: Enter your work email address.

MEMBER OF: Enter relevant National Infrastructure Protection Plan Framework Counsel membership.

CLEARANCE LEVEL: Select requested clearance level from the drop down list. The level of access granted shall not exceed the secret level, unless the sponsoring agency determines on a case-by-case basis that the applicant has a demonstrated and foreseeable need for access to Top Secret, Special Access Program, or Sensitive Compartmented Information.

BACKGROUND INFORMATION

NOMINEE'S JOB TITLE/POSITION: Enter your job title/responsibilities.

U.S. CITIZEN: You must be a U.S. citizen to process for a DHS Security Clearance. If you are not a U.S. Citizen, please do not complete the form and inform the person that nominated you.

CHIEF SECURITY OFFICER (CSO): If appropriate, identify if the company CSO (or the executive otherwise responsible for your organization's security posture) has been notified of the request. Provide their name and work phone or official e-mail address.

SECURE FACILITY: Identify proximity of secure facility or ability to travel for classified briefing

EXECUTIVE ORDER (EO) CRITERIA: Select the criteria that most defines your role/responsibility within your company

SECTOR: Select your sector affiliation

FURTHER JUSTIFICATION: Provide further justification to include Subjects roles and responsibilities and additional association memberships.

PRIOR/CURRENT CLEARANCE INFORMATION SECTION: Please indicate whether you previously held/currently hold a clearance, the level of clearance, and the Agency sponsoring the clearance. Please indicate your separation date from the Agency sponsoring your clearance and provide a point of contact in that Agency's security office and their contact information.

RECIPROCITY/REINSTATEMENT: Check "yes" ONLY if you have a current clearance or if your prior security clearance was active within the last 2 years.

NOMINATOR: The authorized Federal Employee who is requesting the clearance and confirming the applicant's "need-to-know". The nominator will sign and date.

A/S FOR INFRASTRUCTURE PROTECTION: The Assistant Secretary for Infrastructure Protection will either concur or non-concur with the request from the nominator. The A/S will sign and date.

**** DATE OF BIRTH / PLACE OF BIRTH / SOCIAL SECURITY NUMBER:** LEAVE BLANK. You will be contacted directly by a DHS Security Specialist after you have been approved for security clearance processing.

**** MAILING ADDRESS (Optional):** LEAVE BLANK. There will be an option for the DHS Security Specialist to collect an alternate mailing address if you prefer finger print cards to be mailed to an address other than your company address.

UPON COMPLETION OF THIS FORM

Email the completed form to the authorized Federal employee who is nominating you for the security clearance.