



**National Technologies Associates, Inc.**

**NTA SECURITY CLEARANCE REQUEST FORM**

**This form must be completed before any action can be taken to obtain a security clearance for an individual (employee or consultant). The sooner this form is provided to Security, the sooner the process can start.**

**Manager/Supervisor, please complete Section 1 and Section 2 (as required). When complete, forward to your Security Officer. You may provide this form in hard copy with signature, or in soft copy attached to an email from manager requesting the clearance.**

*Section I – Personal Information*

**Date of Request:** \_\_\_\_\_ **Start Date with NTA:** \_\_\_\_\_

**Employee:**  **Consultant:**

**Name (First, Full Middle, Last):** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Place of Birth (City and State if U.S. city; Country if not):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Employee Phone:** \_\_\_\_\_

**Citizenship:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

**Work Location:** \_\_\_\_\_

**Employee Job Title/ Labor Category:** \_\_\_\_\_

**Manager/ Supervisor Name:** \_\_\_\_\_ **Manager Phone:** \_\_\_\_\_

**Level of Clearance Required:** \_\_\_\_\_

**Contract Name/ Number:** \_\_\_\_\_

(Cannot submit clearance application without this number)

**Justification for Clearance:** \_\_\_\_\_

*Section II – Clearance Information* (If employee has held an active security clearance within the last 24 months.)

**Clearance Last Held As:** **Contractor**  **Military**  **Civil Service**

**Clearance Level Held:** \_\_\_\_\_ **Date of Clearance:** \_\_\_\_\_

**Agency Granting Clearance:** \_\_\_\_\_

**Type of Investigation:** \_\_\_\_\_ **Date of Investigation:** \_\_\_\_\_

All individuals being processed for a clearance will need to provide directly to Security:

1. Proof of citizenship, which is a birth certificate, U.S. Passport, naturalization certificate, or citizen certificate.
2. If employee is retiring or leaving the military, copy of DD Form 214 must be provided.
3. If retiring or leaving Civil Service, copy of Standard Form 50 must be provided.

*Section III – Manager Approval* (Required for all requests)

**Manager Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**COR/Customer Approval Date (if applicable):** \_\_\_\_\_

ALL SPACES IN THE APPROPRIATE SECTIONS MUST BE COMPLETED IN ORDER TO PROCESS THIS FORM.