



CERTIFICATION AS A UNITED STATES CITIZEN IN ORDER TO HANDLE UCNI/OUO (April 2018)

Solicitation/RFP/RFQ/Subcontract ID Number:

Information Category to Convey to Subcontractor:

I certify that I am a United States Citizen and have read and understood and will abide by the Identification and Protection Requirements for UCNI/OUO information enclosed within UCN-26608, *UCNI / OUO Information Protection Requirements for CNS Suppliers*. I also understand that only United States Citizens may have access to UCNI or OUO information unless special permission is granted by the CNS Classification Office.

Additionally, vendors and subcontractors shall use only United States Citizens to perform work on either the Y-12 National Security Complex or the Pantex Plant, or be granted access to UCNI/OUO information associated with this procurement (Solicitation package, RFP/RFQ, etc.) unless special permission is obtained from the CNS Classification Office. In order to determine that your company is in compliance with this requirement, Consolidated Nuclear Security, LLC (CNS) requires that your company maintain documentation evidence for each of your current employees and subcontractors' employees that work at either the Pantex Plant or the Y-12 National Security Complex or that will have access to UCNI/OUO information associated with this procurement. Copies of these documents attesting that they are true, accurate, and complete copies are acceptable. SELLER must be able to provide verification evidence upon request.

A list of acceptable evidence is listed here:

- Birth Certificate (Certified Copy)
- Certificates of Naturalization (INS Form N-550 or N-570)
- Certificate of United States Citizenship issued by immigration and naturalization (INS Form N-560 or N-561)
- Report of birth abroad of a citizen of the United States (Form FS-240)
- United States Passport

SELLER must return all UCNI/OUO information upon completion of the procurement action, or when notified by the Procurement Representative that an award has been made.

COMPANY NAME:	DATE:
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AUTHORIZED REPRESENTATIVE SIGNATURE:

AUTHORIZED REPRESENTATIVE NAME (TYPED):

TITLE:

Mailing address for express delivery of UCNI/OUO documents to person certifying above.

STREET ADDRESS:

CITY & STATE:

ZIP CODE:
