

# Y-12 Subcontractor Security Clearance Certification

(To be submitted with all subcontractor security clearance requests)

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Applicant Full Name:

Applicant's Employer:

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<b>Facility Security Officer (FSO) or other Key Management Person (KMP) Certification</b>
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I certify that the listed individual is actively employed by the listed company, or will be employed no later than \_\_\_\_\_, and is or will be assigned to perform work under subcontract to Y-12. I understand that I must notify Y-12 clearance processing within two working days if he/she stops working on the Y-12 subcontract, or an event occurs under the requirements of DOE O 472.2, *Personnel Security*, Attachment 1, CRD, Para 7. (<https://www.directives.doe.gov/>)

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Printed Name	Title	Phone No.	Company
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Signature	Date
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<b>Subcontract Technical Representative (STR) or Task Order Representative (TOR) Certification</b>
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I certify that the listed individual is, or will be, performing work under the subcontract listed below and that a security clearance is required to perform under the subcontract. I understand that I must notify Y-12 clearance processing within two working days of any change in the assignment of the subcontractor employee or change in the status of the subcontract, to include expiration, termination, or extension.

Subcontract Number:

Expires:

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Printed Name	Title	Phone No.	Company
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Signature	Date
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