

**CERTIFICATION AS A UNITED STATES CITIZEN IN ORDER TO HANDLE  
UCNI/CUI**

Solicitation/RFP/RFQ/Subcontract ID Number:

Information Category to Convey to Subcontractor:

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

Additionally, vendors and subcontractors shall use only United States citizens to perform work at the Y-12 National Security Complex or be granted access to UCNI/CUI associated with this procurement (Solicitation package, RFP/RFQ, etc.) with special permission 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 of citizenship for each of your current employees and subcontractors' employees that work at the Y-12 National Security Complex or that will have access to UCNI/CUI associated with this procurement. Copies of these documents attesting 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 with raised and/or colored official seal – issued by government/municipality [not issued by hospital])
- Certificate of naturalization (Immigration and Naturalization Services (INS) Form N-550 or N-570).
- Certificate of U.S. Citizenship (INS Form N-560 or N-561)
- Report of Birth Abroad of a citizen of the United States of America (Form FS-240), or
- U.S. Passport (active with picture that still looks like the person).

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

COMPANY NAME:

DATE:

AUTHORIZED REPRESENTATIVE SIGNATURE:

AUTHORIZED REPRESENTATIVE NAME (TYPED):

TITLE:

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

STREET ADDRESS:

CITY & STATE:

ZIP CODE: