

REQUEST FOR RECOGNITION OF PERSONNEL SECURITY CLEARANCE  
CERTIFICATE

*I request recognition of the Personnel Security Clearance Certificate issued to:*

*Full Name:*

*Date and Place of Birth:*

*Nationality:*

*In reference to the Personnel Security Clearance Certificate No.....*

*Issued.....*

.....

*(Name of the Issuing Authority and the State)*

*Date.....*

*Date of Expiry.....*

*Classification Level.....*

*Reason for recognition of the Personnel Security Clearance Certificate, including the current job position, the performed activities that require access to classified information, and identification of the Classified Information provider.*

.....  
.....  
.....

*Validity Period of the Recognition.....*

*Mailing Address for Delivery of the Recognition of Personnel Security Clearance Certificate:*

.....  
.....  
.....

*Annex: Official translation of the Personnel Security Clearance Certificate issued by foreign power, or its authenticated copy, or confirmation by the authority of foreign power, competent in classified information protection, that the applicant is holder of the submitted Certificate.*

*In..... Date .....*

.....  
*Signature of the holder of the Personnel Security Clearance Certificate or a responsible officer of the authority of foreign power competent in classified information protection.*