

**Security Clearance Form**  
**for**  
**1999 Military and Aerospace Applications of Programmable**  
**Devices and Technologies Conference**  
**28 to 30 September 1999**

*Security form must be completed and mailed or faxed by 24 Sep 1999 to the address below:  
(If completed form is faxed, please do not mail original.)*

The Johns Hopkins University  
Applied Physics Laboratory  
Johns Hopkins Road  
Laurel, Maryland 20723-6099  
Fax: (240) 228-6400  
Tel: (240) 228-5661  
Attention: Visitor Control

Attendees at the classified session of MAPLD'99 are required to be citizens of the United States and cleared SECRET. Under the provisions of the National Industrial Security Program Manual, DoD 5220.22M, no exceptions can be made to waive the requirements for a security clearance to attend this session. In addition, attendees must be actively engaged in work related to the subject matter of this meeting and have a certified **need-to-know**. The symposium is authorized in accordance with Department of Defense Directive 5200.12. This form must be submitted even if there is an active clearance on file with APL.

I. PERSONAL DATA (To be completed by applicant. Please type or print legibly.)

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ Citizenship \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_  
If Naturalized: Date \_\_\_\_\_ Naturalization No. \_\_\_\_\_  
Organization \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Title 18 United States Code 1001 makes it a criminal offense, punishable by a maximum of five (5) years of imprisonment, a \$10,000 fine, or both, knowingly and willfully to make a false statement or representation to any Department or Agency of the United States as to any matter within the jurisdiction of any Department or Agency of the United States. This includes any statement made herein which is knowingly incorrect, incomplete, or misleading in any important particular.

II. CLEARANCE CERTIFICATION

Certification is made herewith that the above named person has a Security Clearance.

Of (degree) \_\_\_\_\_ Granted by \_\_\_\_\_  
On (date) \_\_\_\_\_ Contract No. \_\_\_\_\_  
Signature of Security Officer \_\_\_\_\_ Date \_\_\_\_\_  
Government Agency or Company Name \_\_\_\_\_  
Classified Mailing Address \_\_\_\_\_  
CAGE Code \_\_\_\_\_ Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

III. NEED-TO-KNOW CERTIFICATION (All attendees must complete this section.)

I hereby certify as Government Contracting Officer that the above named individual has the certified **need-to-know** to attend this meeting.

Signature of Certifying Officer \_\_\_\_\_ Date \_\_\_\_\_  
Title of Office \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Agency of Officer \_\_\_\_\_