**NOTE: THIS DOCUMENT IS CUI ONCE COMPLETED. HANDLE ACCORDINGLY**

Complete & print on company letterhead. Fax signed form to 505-998-4917
or password protect and send via encrypted email to security@deps.org

To: DEPS Security

From:

Prepared by:

Cage Code:

| Last Name, First Name, M.I<br>Last 4 of SSN | U.S. Citizen | Alien | Date of Birth | Organization<br>Contract No | Access Level | Type of Contract |
|---|---|---|---|---|---|---|
| | ○ | ○ | | | CHOOSE | CHOOSE |
| | ○ | ○ | | | CHOOSE | CHOOSE |
| | ○ | ○ | | | CHOOSE | CHOOSE |
| | ○ | ○ | | | CHOOSE | CHOOSE |
| | ○ | ○ | | | CHOOSE | CHOOSE |

Name of Conference: CHOOSE

Dates of Visit:

This certifies that the person(s) named above needs this access in the performance of duty and that permitting the above access will not endanger the common defense and security.

*Name and Title, Requesting Official*

*Name and Title, Authorizing Official* *Signature* *Date:*

**CUI ONCE FILLED OUT**