United States Department of Agriculture
Office of Crisis and Planning Management

REQUEST FOR PASSING SECURITY CLEARANCE

Name of Requestor: _____ **Agency:** _____

Date: _____ **Time:** _____ **Phone #:** _____

Please complete the information below in its entirety and fax to (202) 720-7708 or e-mail to ocpm@usda.gov. Failure to complete all information may result in processing delays.

Name: _____

SSN: _____

DOB: _____

POB: _____

USDA Agency: _____

Location of Event: _____

Date/Time of Event: _____

Clearance Level (circle one): Confidential Secret Top Secret TS/SCI

Event POC and Phone #: _____

Security POC and Phone #: _____

Security Office Fax #: _____

Reason for event (meeting, conference, etc.): _____

Will you be making frequent visits to this facility during the year? _____ YES _____ NO

To be completed by OCPM only:

Name: _____

Level of Clearance: _____ Date Granted: _____

Type of BI: _____ Date of BI: _____

If SCI holder, compartments held: _____