

Instructions for the Naval Reactors Laboratory Field Office Personnel Security Information Report Form

PSB F 17-005 Rev 5

Please read these instructions completely before completing the NRLFO PS Information Report Form

Step 1: Choose your program “Site” from the drop down menu

Step 2: Fill in your personal demographic information

Step 3: Choose your “Clearance Type” (L/Q) and click the box next to “Contractor”

If you have special access (Human Reliability Program (HRP)/ Sensitive Compartmented Information SCI) click the box next to that option

CONTROLLED/PRVCY

PSB F 17-005 Rev 5
12/19/2019

Naval Reactors Laboratory Field Office Personnel Security Information Report

Do not include or attach classified, Unclassified Controlled Nuclear Information (UCNI) or Program Sensitive information (i.e. UNNPI, NOFORN) to this form. Please consult with your security office to submit this type of information.

CLEARANCE HOLDER/APPLICANT INFORMATION

Today's Date <input type="text" value="Jan 10, 2020"/>		<input type="text"/>	Location of clearance holder: <input type="text"/>
Name (Last, First, Middle): <input type="text"/>		1	<div style="border: 1px solid black; padding: 2px;"> BWXT - Lynchburg BWXT -Other Idaho/NRF NFS Naval Reactors Headquarters Pittsburgh/Bettis Pittsburgh/BPMI Schenectady/Knolls Schenectady/BPMI </div>
Date of Birth <input type="text"/>	Last 4 SSN: <input type="text"/>	DOE# (If Known) <input type="text"/>	
Home Address <input type="text"/>		City, State, Zip <input type="text"/>	
Work Phone: <input type="text"/>	Home or Cell Phone: <input type="text"/>	E-mail Address: <input type="text"/>	

Check if this report is being filed by someone other than the person named above:

Date of Birth <input type="text"/>	Last 4 SSN: <input type="text"/>	DOE# (If Known) <input type="text"/>	Clearance Type: <input type="text"/>	Special Access: <input type="checkbox"/> HRP <input type="checkbox"/> SCI
Home Address <input type="text"/>		City, State, Zip <input type="text"/>		<input type="checkbox"/> Federal
Work Phone: <input type="text"/>	Home or Cell Phone: <input type="text"/>	E-mail Address: <input type="text"/>	<div style="border: 1px solid black; padding: 2px;"> L ← 3 Q → C S TS Applicant </div>	<input type="checkbox"/> Contractor

Check if this report is being filed by someone other than the person named above:

Hover over each item to get a brief description of what is included in the item. Selecting an item will open additional questions or instructions to complete the report. Please forward the completed report via secure Email, fax or U.S. mail. Consult with your security office for submission assistance.
Select only one (1) incident per form

Step 4: Click the box to the right of the item you need to report

4

- | | | | |
|--|---|---|---|
| Foreign Activities <input type="checkbox"/> | Contact with Foreign Intelligence <input type="checkbox"/> | Elicitation or Attempted Elicitation <input type="checkbox"/> | Association with Foreign Nationals <input type="checkbox"/> |
| Citizenship Changes <input type="checkbox"/> | Arrest, Charge, Citation, Detention <input type="checkbox"/> | Financial <input type="checkbox"/> | Name Change <input type="checkbox"/> |
| Hospitalization for Mental Health Reasons <input type="checkbox"/> | Drug Use or Treatment <input type="checkbox"/> | Alcohol Treatment <input type="checkbox"/> | Family Residing in a Sensitive Country <input type="checkbox"/> |
| Data Report on Spouse or Cohabitant <input type="checkbox"/> | Media Attempting to Obtain Sensitive Information <input type="checkbox"/> | Unofficial Foreign Travel - Pre Trip <input type="checkbox"/> | Unofficial Foreign Travel - Post Trip <input type="checkbox"/> |
| Marriage or Divorce <input type="checkbox"/> | | | |

Unofficial Foreign Travel-Pre Trip is to be used to report **all travel** including **Emergency Foreign Travel**

Unofficial Foreign Travel-Post Trip is **only** to be used if your **trip deviates** from original itinerary, results in **foreign contacts** or have **unplanned contact with foreign businesses or government**

Step 5: Scroll to the next page and fill in the requested information

Note: If you click the incorrect box in Step 4, click the Gray Box marked **“Delete”** or **“Remove”**

Report criminal citations, summons, arrests (regardless whether or not you were taken to jail), or detentions by law enforcement where you were a suspect or defendant (detentions to provide witness statements do not need to be reported). You do not have to report non-criminal traffic violations where the fine (after court) levied was under \$300.00. All criminal traffic violations and any violation involving drugs or alcohol must be reported. Please provide as much information as possible with this report, including available copies of citations, reports or other documentation.

Charge (DUI, Assault, Theft, Criminal Traffic, etc.). If you have multiple charges from the same arrest, list all here.

Date and Time of Arrest

City and State Where the Arrest Occurred

Specific Location Where the Arrest Occurred

Law Enforcement Agency

Please provide details surrounding your arrest. Include the events leading up to the arrest, and why you believe you were arrested. If alcohol was involved, please provide the following information: What you were drinking, the time you started drinking, the time you stopped drinking and the amount of alcohol you consumed. Alcohol consumption should be described (i.e. I was drinking mixed drinks of vodka and soda, with about two shots of vodka. I drank six of those drinks in the time frame). Please provide as much detail as possible regarding this incident.

Check if this arrest involved alcohol:

Delete this arrest

I certify or affirm that the information on this form is true and correct, to the best of my knowledge.

Submit by Email

Print Form

Signature

Signature may be electronic or wet.

Step 6: Sign the form to certify that the information is true and correct.

Form can be printed for Wet Signature or Adobe Electronic Signature can be created for use

Step 7: Send completed form to NRLFO using one of the following methods

Mail:	NRLFO Personnel Security Helpdesk Building AT-2, Room 119 PO Box 1069 Schenectady, NY 12301-1069
Fax:	518-395-6078
Unclassified Email:	nrpersec.helpdesk@nrp.doe.gov

Questions

Phone: 518-395-6373