

CUI/PRVCY
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U.S. DEPARTMENT
of **ENERGY**

SECURITY CLEARANCE ACCESS REQUEST

DOE F 473.3 (10/23/2025)
Previous Editions Obsolete
OMB Control No. 1910-1800
Expires: 12/31/2027

Privacy Act Statement

The Department of Energy (DOE) will use the information collected through this form to process requests for an individual to possess a security clearance and access authorization, including requests for reinstatements and reapprovals. 42 U.S.C. 7101 et seq., 50 U.S.C. 2401 et seq., 10 C.F.R. Part 710, and Executive Orders 13764, 10865, and 13526 authorizes DOE collection of this information. DOE may disclose this information to ensure routine information sharing relevant to the processing of an access authority or clearance, including to DOE contractors in performance of their contracts, and their officers and employees who have a need for the record in the performance of their duties; competent medical authorities to determine whether an individual has an illness or mental condition of a nature which causes, or may cause, a significant defect in judgment or reliability, or is alcohol dependent or suffering from alcohol abuse; or other federal, state, or local agencies for official business purposes and validation of information related to the decision to grant access authority or a security clearance. Additionally, DOE may disclose this information to members of Congress, making requests on behalf of a constituent; and to local, state, or federal agencies for the purposes of law enforcement. If the individual elects not to provide the requested information on this form, it could result in a delay in (or denial of) processing this request (or any future request for reinstatement) of the individual's DOE access authorization/security clearance. An individual's DOE access authorization/security clearance can be terminated regardless of whether this form is completed. An individual's name and Social Security Number are used as identifying factors to establish and maintain records of DOE access authorization actions in the DOE System of Records, DOE-43, "Personnel Security Files." This form will be completed and maintained in the individual's DOE Personnel Security File.

OMB Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Management, MA-90, GTN, Paperwork Reduction Project (1910-1800), U.S. Department of Energy, 1000 Independence Ave., SW, Washington, DC 20585-1290; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-1800), Washington, DC 20503.

Instructions for completion of this form are on page 4.

CPSO: *(Select one)*

Submitting Office Number (SON):

DOE Number: *(if known)*

Primary Program Office Code(s): *(i.e., EM, FE, SC, etc.) (if known)*

Section 1: Subject Information *(Items in this section are mandatory for all subjects)*

1. Name: *(Last, First, Middle, Suffix)*

2. Employee Type:

3. Employee Email:

4. Employee Phone:

5. SSN:

6. Date of Birth:

7. Place of Birth: *(City, County, State – or Country if not US)*

8. Citizenship:

9. Dual Citizenship? *(Select Yes or No)*

Yes

No

Dual Citizenship Country: *(if applicable)*

10. Job Title:

11. Work Location:

Section 2: Contractor Information *(Complete applicable items if subject is a Contractor)*

1. Prime Contract Company:

2. Prime Contract No.:

3. Prime Contract Expiration Date:

4. Subcontractor, Company Name: *(if applicable)*

5. Subcontractor Contract No.:

6. Subcontract Expiration Date:

7. Employee Company Facility Security Officer Person of Contact (POC) and Phone Number:

8. Employer Code:

9. Facility Code:

10. Is subject a Key Management Personnel (KMP)?

Yes

No



Section 3: Clearance, Access, and Justification *(All items in this section are mandatory)*

1. Action Requested:	2. Current Clearance Level of Subject:
3. Clearance Access Required:	4. Will subject be submitted for a Special Access Program (SAP)? Yes No Unknown
5. Provide detailed justification for the subject's access, ensuring no classified information is included. This justification should address the following points: 1) Need to Know: Clarify the specific information or resources the subject requires access to and why this access is essential for their role. 2) Job Description: Briefly describe the subject's primary responsibilities and duties. 3) Frequency of Access: Indicate how often the subject will require access (e.g., daily, weekly, intermittently). 4) Job Location: Specify the primary work location where this access will be utilized.	

Section 4: Documents

Check all that apply and forward to DOE Personnel Security. Requests will not be processed until all checked documents are received.

Per DOE O 472.2, Attachment 2, paragraph 1.a. – 2.f.: All initial security clearance requests (to include requests for reinstatements and reapprovals) must include the justification, as set forth above, and all boldfaced items (except in cases where reciprocity applies, as indicated by an '*'):

***Proof of Negative Drug Screen Results:** Results of drug test within 90 calendar days of the individual's e-APP signature or, for cases being considered under reciprocity, within 90 calendar days of the date of the security clearance request (not required for state or local governments)

***e-APP:** A complete e-APP submission which indicates no illegal use of controlled substances

***Fingerprints:** Fingerprints taken electronically via an approved capture method (e.g., at a GSA-provided HSPD-12 enrollment center). This is not required if a previous investigation included a classifiable fingerprint search by FBI.

***DOE F 472.11:** Security Acknowledgement Form

***Other** (i.e., Birth Certificate, Certificate of Naturalization, Reinvestigation documentation, etc.) (Specify below)



Section 5: Certifications *(as applicable)*

By signing below, I hereby certify that the individual listed in this request is required to possess a security clearance at the level indicated and that the job, duties, access areas, and classified information access listed are an accurate description of the individual's position.

Requesting Official/Supervisor
Signature:

Name, Title, Phone:

Contractor Certifying Official
Signature:

Name, Title, Phone:

Federal Certifying Official
Signature:

Name, Title, Phone:

Date Clearance Access Request forwarded to DOE Personnel Security:

DOE Personnel Security
Signature:

Name, Title, Phone:

To be filled out by the Cognizant Personnel Security Office receiving the completed Clearance Access Request Form

May be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). Department of Energy review may be required before public release.

Exemption Number and Category

Name/Organization

Date

Guidance (if applicable)



INSTRUCTIONS

CPSO: Use the drop-down list to select the appropriate Cognizant Personnel Security Office that is responsible for security clearance processing.

Submitting SON: Enter the Submitting Office Number identifier of the office submitting the request.

DOE Number: Enter Subject's DOE Number, if known or applicable.

Primary Program Code: Enter the code for the primary program to which Subject will be assigned, if known.

Section 1 - Subject Information (All items in this section are mandatory)

1. Name: Enter the individual's full legal name, including full middle name.
2. Employee Type: Use the drop-down list to choose the appropriate employee type for the individual.
3. Employee Email: Enter the employee's primary email address.
4. Employee Phone: Enter the employee's primary phone.
5. SSN: Enter the individual's full Social Security Number.
6. Date of Birth: Use the calendar to select the Subject's date of birth or manually enter in DD/MM/YYYY format.
7. Place of Birth: Enter city, county, state (or country if not U.S.) where Subject was born.
8. Citizenship: Choose the appropriate country of individual's citizenship.
9. Dual Citizen: Select Yes or No. If yes, then use drop-down list to complete Dual Citizenship Country field as applicable.
10. Job Title: Enter the Subject's job title.
11. Work Location: Enter the location where Subject will work.

Section 2 - Contractor Information (If individual is a Contractor Incumbent, Contractor Applicant, or Contractor Consultant, complete applicable items)

1. Prime Contract Company: Enter the prime contractor company's name.
2. If Subcontractor, Company Name: Complete if individual works for one of the sub-contractors.
3. Employing Company Facility Security Office POC & Phone: Enter the Facility Security Office information for the company which employs the Subject.
4. Facility Code: Enter the employing company's Facility Code.
5. Employer Code: Enter the employing company's Employer Code.
6. Contract Number: Enter the contract number for the Prime Contract.
7. Sub-Contractor Contract Number: If the individual is a subcontractor, enter the Sub-contract number, if applicable.
8. Contract Expiration Date: Use the Calendar to select the date the Prime contract expires or manually enter in DD/MM/YYYY format.
9. Sub-Contract Expiration Date (if applicable): If applicable, enter the expiration date of the sub-contract, or manually enter date in DD/MM/YYYY format.

10. Is Subject a KMP: Use drop-down list to select Yes or No to indicate if Subject is a Key Management Person for the company.

Section 3 - Clearance, Access, and Justification (All items in this section are mandatory)

1. Action Requested: Use drop-down list to select appropriate action being requested.
2. Current Clearance Level of Subject: Use the drop-down list to select the Subject's current clearance level. If the Subject does not currently have a clearance, select Uncleared.
3. Clearance Level Required: Use the drop-down list to select the clearance level required for Subject to perform their duties.
4. Will Subject be submitted for a Special Access Program (SAP): Use the drop-down list to select Yes or No.
5. Justification: Per DOE Order 472.2, Attachment 2, paragraph 1.i.: "A detailed description (without revealing classified information) as to why the individual requires access. The description must include a full explanation of the information to be accessed, how often the access is needed, and for what programs/projects the information is needed." Insufficient justification will be cause for rejection of request.

Section 4 - Documents

Check all that apply.

Request will not be processed until all checked enclosures are received. Per DOE O 472.2, Attachment 2, paragraph 2.a. - 2.f: All initial security clearance requests (to include requests for reinstatements and reapprovals) must include the justification, as set forth above, and all boldfaced items (except in cases where reciprocity applies, as indicated by an *).

Section 5 - Certifications

If signers have a PIV, then an electronic signature is requested.

Requesting Official: Person completing the request. This can be the person responsible for submitting the contractor requests, or if Subject is a Federal Applicant/Incumbent, then this can be the Supervisor, HC representative, office director, etc.

Contractor Certifying Official: The Certifying Official is responsible for certifying the clearance is required per all applicable laws, rules, and regulations.

Federal Certifying Official: This can be the COR, COTR, or their designee for contractor positions. If local processes require Site Manager or other federal certifying official to approve the clearance access request, this is where this person signs. HSO (DOE HQ ONLY) signs here if the request will be processed by DOE Headquarters Personnel Security.

Date Clearance Access Request forwarded to DOE Personnel Security: Use calendar to select the date the clearance access request is sent to the appropriate CPSO or manually enter date in DD/MM/YYYY format.

Exemption Section To be filled out by the Cognizant Personnel Security Office receiving the completed Clearance Access Request Form.