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United States Department of Energy
Office of Hearings and Appeals

In the Matter of: Personnel Security Hearing	)	
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Filing Date: February 24, 2026	)	Case No.: PSH-26-0064
	)	
	)	

Issued: July 1, 2026

Administrative Judge Decision

Noorassa A. Rahimzadeh, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXX (the Individual) to hold an access authorization under the United States Department of Energy's (DOE) regulations, set forth at 10 C.F.R. Part 710, "Procedures for Determining Eligibility for Access to Classified Matter and Special Nuclear Material or Eligibility to Hold a Sensitive Position."[1] As discussed below, after carefully considering the record before me in light of the relevant regulations and the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position* (June 8, 2017) (Adjudicative Guidelines), I conclude that the Individual's access authorization should not be restored.

I. Background

In early April 2025, a person other than the Individual reported that in late March 2025, the Individual, a holder of an access authorization, had been arrested and charged with Driving Under the Influence (DUI) First Offense. Exhibit (Ex.) 7 at 28–30. The report indicates that the Individual was "driving home after watching a basketball game at a friend's house" when he "[b]ecame tired and veered off the roadway." *Id.* at 29. The accompanying Affidavit of Complaint indicates that law enforcement personnel responded to the scene of the single car accident and saw that the Individual had already exited the vehicle. *Id.* at 30. A passenger was also in the vehicle but exited the vehicle with help. *Id.* When asked by law enforcement personnel how the car accident occurred, the Individual could not provide "a clear answer[.]" *Id.* Law enforcement personnel noted the smell of alcohol emanating from the Individual, as well as bloodshot and glossy eyes. *Id.* The Individual was asked to complete field sobriety tests, which he failed, and was accordingly placed under arrest. *Id.* The Individual was transported to a medical facility, and once he was cleared for any injuries, he was taken to a detention center. *Id.*

[1] The regulations define access authorization as "an administrative determination that an individual is eligible for access to classified matter or is eligible for access to, or control over, special nuclear material." 10 C.F.R. § 710.5(a). This Decision will refer to such authorization as access authorization or security clearance.

At the behest of the local security office (LSO), the Individual was asked to complete two Letters of Interrogatory (LOI), which he submitted in May 2025 and July 2025. Ex. 9; Ex. 10. In the first LOI, the Individual confirmed that he had fallen asleep behind the wheel of a car, and "crashed into a ditch[,]" after which the car's own emergency response system contacted emergency personnel. Ex. 9 at 37. When law enforcement personnel responded, he voluntarily disclosed the fact that he had been consuming alcohol. *Id.* He stated that he had consumed approximately seven drinks, comprised of both beer and liquor, over the span of seven hours prior to the accident. *Id.* A warrant was obtained to secure a blood sample, and the blood sample rendered a result of .16 g/210L.[2] Ex. 12 at 71.

As questions remained, the Individual was asked to undergo a psychological evaluation conducted by a DOE-consultant psychologist (DOE Psychologist) in September 2025. Ex. 12. The DOE Psychologist issued a report (Report) of her findings in the same month. *Id.* The Individual submitted to a Phosohatidylethanol (PEth) test and an Ethyl Glucuronide (EtG) test in conjunction with the psychological evaluation, which respectively yielded a positive result of 158 ng/mL and a negative result.[3] *Id.* at 83. In the Report, the DOE Psychologist diagnosed the Individual with Alcohol Use Disorder (AUD), Moderate, without adequate evidence of rehabilitation or reformation. *Id.* at 78.

The LSO began the present administrative review proceeding by issuing a letter (Notification Letter) to the Individual in which it notified him that it possessed reliable information that created a substantial doubt regarding his eligibility for access authorization. In a Summary of Security Concerns (SSC) attached to the Notification Letter, the LSO explained that the derogatory information raised security concerns under Guideline G (Alcohol Consumption) of the Adjudicative Guidelines. Ex. 1. The Notification Letter informed the Individual that he was entitled to a hearing before an Administrative Judge to resolve the substantial doubt regarding his eligibility to hold a security clearance. *See* 10 C.F.R. § 710.21.

The Individual requested a hearing, and the LSO forwarded the Individual's request to the Office of Hearings and Appeals (OHA). The Director of OHA appointed me as Administrative Judge in this matter. At the hearing I convened pursuant to 10 C.F.R. § 710.25(d), (e), and (g), the Individual testified on his own behalf. *See* Transcript of Hearing, OHA Case No. PSH-26-0064 (hereinafter cited as "Tr.") The Individual also submitted fifteen exhibits, marked Exhibits A through O. The DOE Counsel submitted fifteen exhibits marked as Exhibits 1 through 15 and presented the testimony of the DOE Psychologist.

II. Notification Letter

[2] The DOE Psychologist stated in the report that she compiled after the psychological evaluation that someone of the Individual's height and weight would "would need to consume [twelve, twelve-ounce] beers" of 4.3% ABV over seven hours to have a blood alcohol content of .16 ng/210L "at least an hour after he stopped drinking." Ex. 12 at 71.

[3] "PEth is not a normal body metabolite" and only "accumulates when ethanol bind to the red blood cell membrane." Ex. 12 at 83. A PEth result "reflects the average amount of alcohol consumed over the previous 28-30 days as red blood cells degrade and enzymatic action removed PEth." *Id.* Any PEth test result "greater than 20 ng/mL and up to 200 ng/mL indicates Significant Consumption[,]" which is defined as "averaging" two to four alcoholic drinks per day for several days a week. *Id.* An EtG test "detects alcohol in the urine for approximately 72-80 hours" following consumption. *Id.* at 72.

Under Guideline G, "[e]xcessive alcohol consumption often leads to the exercise of questionable judgment or the failure to control impulses, and can raise questions about an individual's reliability and trustworthiness." Adjudicative Guidelines at ¶ 21. Among those conditions set forth in the Adjudicative Guidelines that could raise a disqualifying security concern are "[a]lcohol-related incidents away from work, such as driving while under the influence . . . regardless of the frequency of the individual's alcohol use or whether the individual has been diagnosed with alcohol use disorder" and a "diagnosis by a duly qualified medical or mental health professional . . . of alcohol use disorder." *Id.* at ¶ 22(a), (d). Under Guideline G, the LSO alleged that the DOE Psychologist diagnosed the Individual with AUD, Moderate, without adequate evidence of rehabilitation or reformation. Ex. 1 at 5. The LSO also alleged that the Individual was arrested and charged with DUI First Offense in March 2025. *Id.* The LSO's invocation of Guideline G is justified.

III. Regulatory Standards

A DOE administrative review proceeding under Part 710 requires me, as the Administrative Judge, to issue a decision that reflects my comprehensive, common-sense judgment, made after consideration of all the relevant evidence, favorable and unfavorable, as to whether the granting or continuation of a person's access authorization will not endanger the common defense and security and is clearly consistent with the national interest. 10 C.F.R. § 710.7(a). The regulatory standard implies that there is a presumption against granting or restoring a security clearance. *See Department of Navy v. Egan*, 484 U.S. 518, 531 (1988) ("clearly consistent with the national interest" standard for granting security clearances indicates "that security determinations should err, if they must, on the side of denials"); *Dorfmont v. Brown*, 913 F.2d 1399, 1403 (9th Cir. 1990) (strong presumption against the issuance of a security clearance).

The individual must come forward at the hearing with evidence to convince the DOE that granting or restoring access authorization "will not endanger the common defense and security and will be clearly consistent with the national interest." 10 C.F.R. § 710.27(d). The individual is afforded a full opportunity to present evidence supporting his eligibility for an access authorization. The Part 710 regulations are drafted so as to permit the introduction of a very broad range of evidence at personnel security hearings. Even appropriate hearsay evidence may be admitted. *Id.* § 710.26(h). Hence, an individual is afforded the utmost latitude in the presentation of evidence to mitigate the security concerns at issue.

IV. Findings of Fact and Hearing Testimony

Regarding his previous pattern of alcohol consumption at the time of the incident, the Individual indicated in the first LOI from May 2025 that he would consume "approximately [four to six] beers/mixed drinks" a few times per month. Ex. 9 at 40. He noted that this pattern of alcohol consumption began in 2011 and it had not changed. *Id.* at 41. He stated that he "rarely" consumed alcohol to the point of intoxication, and that the last time he drank to intoxication was "[s]everal years ago" when he was "in [his] 20s." *Id.* at 42. In the first LOI, he denied having a problem with alcohol. *Id.* at 44. He stated in the second LOI from July 2025 that his alcohol consumption reduced after the March 2025 DUI. Ex. 10 at 53.

Upon the recommendation of his criminal defense attorney, in April 2025, the Individual "underwent a [d]rug and [a]lcohol [a]ssessment" at a treatment center, which indicated that he had "a low probability of having a substance use disorder," and the results failed to yield any "clinical recommendations." Ex. 9 at 44; Ex. 12 at 68, 71. The Individual was referred at the behest of his employer, based on the recommendation of an Occupational Medicine psychologist, for a second substance abuse evaluation conducted by a mental health professional in late April 2025, during which the Individual "reported a pattern of drinking a [twelve pack] of [twelve-ounce] beers [in] a [twenty-four hour] time period." Ex. 12 at 71. The mental health professional who conducted the second assessment initially "found the subject to have a low probability of indicators that meet criteria for a substance use disorder diagnosis," and recommended that the Individual complete twelve hours of an online substance education course. *Id.* However, upon the subsequent receipt of more information sent to him by the Occupational Medicine psychologist, the mental health professional changed his opinion, finding instead that the Individual met sufficient criteria for a diagnosis of AUD, Mild, and referred the Individual to treatment. *Id.* at 71–72. In early May 2025, the Individual completed a twelve-hour substance education course. Ex. 9 at 44–45; Ex. 10 at 52. Further, as a requirement to maintain his employment, the Individual began attending an intensive outpatient treatment program (IOP) in mid-May 2025 and competed the program in July 2025. Ex. 9 at 44; Ex. 10 at 50; Ex. 12 at 73. During the course of his treatment at the IOP, he was diagnosed with AUD, Mild. Ex. 10 at 50. The IOP consisted of in-person group meetings "four days per week for three hours each day." *Id.* at 50–51; Ex. 12 at 73. The IOP also required participation "in a relapse prevention group two days per week for one hour." Ex. 12 at 73. Although the Individual testified that he was not consuming alcohol during the course of the IOP, he did resume consuming alcohol following the completion of the IOP in July 2025.[4] Ex. 10 at 53; Tr. at 36.

The Individual reported to the DOE Psychologist that his alcohol consumption pattern at the time of the September 2025 evaluation was to consume alcohol "four times per month but drinking . . . two to three drinks with a maximum of six drinks." Ex. 12 at 70. In the Report, the DOE Psychologist indicated that based on the PEth test results, the Individual was "drinking significantly more than he was willing to admit." *Id.* at 73. Accordingly, the results "call[ed] into question the validity of his reports regarding his drinking leading up to the DUI" as well as the amount he reported consuming following the DUI. *Id.* The DOE Psychologist opined in the Report that the Individual's pattern of alcohol consumption following the DUI and "his consistent denial that he has a problem with alcohol indicates that [the Individual] does not understand the gravity of his pattern of alcohol use[.]" *Id.* at 74. The DOE Psychologist was also concerned by the fact that the Individual did not perceive his pattern of consumption as problematic or excessive. *Id.* at 75. She observed that the only problematic aspect of his drinking that the Individual was willing to acknowledge was the fact that he made the decision to drink and drive in March 2025, but she noted that he did not "convey[] any specific insight or remorse." *Id.* In reaching the conclusion that the Individual suffers from AUD, the DOE Psychologist determined that the Individual met the following criteria for AUD under the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition – Text Revision*: "alcohol [was] often taken in larger amounts or over a longer period than was intended[,]" the Individual experienced "[c]raving[]s[] or a strong desire or urge to use

[4] At the time the Individual completed the second LOI in late July 2025, he stated that when he last consumed alcohol on an unrecalled date, he consumed "[four] drink[s] over the course of about [five] hours." Ex. 10 at 53. He testified that he did not believe that he had a problem with alcohol at the time he completed the IOP in July 2025. Tr. at 39.

alcohol[,]" he continued to consume alcohol "despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol[,]" and he experienced "tolerance as defined by a markedly diminished effect with continued use of the same amount of alcohol." *Id.* at 76.

The DOE Psychologist recommended that the Individual abstain from alcohol for at least twelve months and that his abstinence should be evidenced by monthly PEth testing. *Id.* at 78. She also indicated that breathalyzer tests should be conducted "frequently and at random" by the Individual's employer. *Id.* She recommended that the Individual complete a second IOP, follow any recommendations made upon his discharge from the IOP, participate in weekly Alcoholics Anonymous (AA) meetings, provide documentation of his AA attendance, and work the Twelve Steps with a sponsor. *Id.* She explained in the Report that an in-person IOP was preferable. *Id.* If the Individual did not attend AA meetings, she recommended that he join a similar group and follow that group's guidelines. *Id.*

The Individual began seeing a therapist with a "nonprofit alcohol and drug treatment center" in November 2025.[5] Tr. at 30, 56; Ex. L. As part of his treatment, the Individual received therapeutic homework, and would work to "examine patterns, triggers, and underlying emotional factors related to his circumstances." Ex. L. The Individual also began attending a virtual IOP in November 2025, which he completed in December 2025.[6] Ex. I. The virtual IOP was 20 sessions over a period of approximately one month. *Id.*; Tr. at 28. Following his completion of the virtual IOP, the Individual began attending a virtual weekly aftercare.[7] Ex. K. The Individual also attended and completed twelve hours of an alcohol-related "academy,"[8] as well as a victim impact panel in October 2025. Ex. J.

The Individual began attending in-person AA meetings in late December 2025, and since then to the date of the hearing in June 2026, the Individual attended approximately forty-seven AA meetings. Ex. M; Tr. at 53. At the time of the hearing in June 2026, he stated that in the past he "would try to go [to AA meetings] as often as [he] [could]," but now that he has a new job, he goes once a week. Tr. at 42. Although he confirmed his belief that AA had been "helpful," when asked which of the Twelve Steps he was currently on, the Individual stated that he was "kind of in between [steps] five and six, but mostly six."[9] *Id*. at 24–25.

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[5] The Individual was still seeing his therapist at the time of the June 2026 hearing. Tr. at 30. Their sessions were initially biweekly. *Id.* at 44. He began seeing the therapist because his life had become "very chaotic[.]" *Id.* at 56–57.

[6] When asked what he learned about his relationship with alcohol by attending the second IOP, the Individual had some difficulty articulating a response but ultimately stated that he had learned about his triggers and "some of the [twelve] steps[.]" Tr. at 43–44.

[7] A counselor from the virtual IOP indicated in a February 2026 letter that the Individual "actively participate[s]" in the aftercare group, and "appears to be serious about his recovery[.]" Ex. K. At the time of the June 2026 hearing, the Individual was still attending virtual aftercare. Tr. at 29, 58–59.

[8] The Individual testified that this academy was "very beneficial for [him], very informative." Tr. at 18.

[9] He stated in later testimony that he has "jumped around" in working through the Twelve Steps. Tr. at 49–53. The Individual also noted that he has a sponsor but stated that interaction with his sponsor is "hit or miss[,]" as his sponsor has other obligations. *Id*. at 25, 45–47.

The Individual submitted six negative PEth tests from November 2025 to May 2026. Ex. B; Ex. C; Ex. D; Ex. E; Ex. F; Ex. G. He also submitted six negative urine tests from late May 2025 to late June 2025, as well as one negative urine test from November 2025. Ex. A; Ex. H.

During the hearing, the Individual testified that he sought out the second IOP in November 2025 because he "obviously came to the conclusion . . . that [he] had an issue with alcohol." Tr. at 39. The Individual chose the second IOP program because it was virtual and he was unable to attend in person while searching for a job. *Id*. at 65. The Individual acknowledged that he continued to drink after his first IOP and he expressed his feeling that the first IOP "was not effective for [him]," as he was attending because "[that was] just kind of part of the process." *Id*. at 27, 78. Accordingly, while he felt that he was exposed to and absorbed appropriate information, he did not think that the first IOP "was effective." *Id.* at 27. When asked why he did not stop drinking immediately after the March 2025 DUI, the Individual stated that he did not think he had a problem with alcohol and that he could drink responsibly if he did not drive. *Id*. at 23, 67. He explained that while the first IOP program was educational, the second IOP "forced [him] to examine his relationship with alcohol." *Id*. at 27. The Individual last consumed alcohol at the beginning of September 2025, and when asked why he stopped consuming alcohol in September 2025,[10] he stated that he knew that "this process [regarding his eligibility for a security clearance] was ongoing and that [he] probably [should not] be drinking during it."[11] *Id*. at 15, 19, 36, 62–63. He testified that he no longer keeps alcohol in his home and that "right now [he] [does not] feel like alcohol has any place in [his] life," and he does not have any plans to resume drinking in the future. *Id*. at 22–23, 55, 73. He ultimately decided that his "relationship with alcohol . . . [was] unhealthy[,]" and he denied feeling any temptation to consume alcohol. *Id.* at 23. He did, however, state that he found certain social atmospheres triggering at first. *Id.* at 48–49. He still attends the social events during which he would previously consume alcohol, but he is not "shy" about refusing a drink when it is offered to him. *Id.* at 23–24. Among his support, he counted his mother, his sponsor, his girlfriend, and a close friend. *Id.* at 44–45.

At the hearing, the DOE Psychologist confirmed her opinion that the Individual had not shown adequate evidence of rehabilitation or reformation. *Id*. at 86. Specifically, she noted that he was lacking the period of abstinence from alcohol that she recommended, which was twelve months. *Id*. at 84; Ex. 12 at 78. In determining the recommended length of time, the DOE Psychologist considered the fact that the Individual had been in IOP before, had been recommended to abstain from alcohol because of the DUI, and had received education and treatment, but was still choosing to drink up to shortly before his evaluation in September 2025. *Id*. She highlighted that the Individual had followed the recommendations that she made and even started pursuing the recommendations prior to reading her Report. *Id*. at 83. The DOE Psychologist testified that the Individual's "prognosis is . . . good given what [he is] . . . doing right now. *Id.* at 88. The DOE Psychologist stated that there are factors that have a positive impact on the Individual's prognosis,

[10] The Individual could not remember how much alcohol he had consumed on the last occasion he consumed alcohol. Tr. at 63.

[11] In later testimony, he indicated that his main motivation for abstaining from alcohol was his desire to "break[] . . . the relationship that [he had] with alcohol." Tr. at 76–77. His devotion to his family was also a motivating factor. *Id.* at 77. Finally, he acknowledged that alcohol had changed his "professional standing[.]" *Id.*

such as that he is engaged in AA, that he has a girlfriend who's not drinking and is supporting him, and that he has been more open with his family and friends. *Id*. at 89.

However, the DOE Psychologist expressed concern that the Individual had previously reported a pattern of binge drinking for several years prior to the DUI, and that he has a history of minimizing his problem with alcohol. *Id*. at 86–87. Additionally, she expressed concern that the Individual had been in AA since December "and has a sponsor . . . but it doesn't really sound like the sponsor has been very instrumental in his recovery" and she "wish[es] he could have taken an action and maybe found a new sponsor . . . to have a better understanding[.]" *Id*. at 90. The DOE Psychologist is not "as confident as [she] would like to be" that the Individual will stay on track. *Id*. at 88.

V. Analysis

The Adjudicative Guidelines provide that conditions that could mitigate security concerns under Guideline G include:

> (a) So much time has passed, or the behavior was so infrequent, or it happened under such unusual circumstances that it is unlikely to recur or does not cast doubt on the individual's current reliability, trustworthiness, or judgment;
>
> (b) The individual acknowledges his or her pattern of maladaptive alcohol use, provides evidence of actions taken to overcome this problem, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations;
>
> (c) The individual is participating in counseling or a treatment program, has no previous history of treatment and relapse, and is making satisfactory progress in a treatment program; and
>
> (d) The individual has successfully completed a treatment program along with any required aftercare and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations.

Adjudicative Guidelines at ¶ 23.

Pursuant to 10 C.F.R. § 710.7(c), I am required to consider, among other things, "the absence or presence of rehabilitation or reformation and other pertinent behavioral changes," and "the likelihood of continuation or recurrence." The record before me indicates that the Individual attended multiple IOPs, that he is currently receiving individual therapy on a monthly basis, that he is attending aftercare, and that he submitted six negative PEth tests to evidence his ongoing sobriety those six months. However, in spite of these positive actions that weigh in the Individual's favor, I have several areas of concern. One is the fact that the Individual continued to consume alcohol after completing the first, in-person IOP. He stated that he was abstinent throughout the time he was attending the first IOP, but he could not articulate why he resumed consuming alcohol following the completion of the IOP. In fact, the Individual could not articulate or attribute any real importance to the first IOP and how it played a part in his alcohol treatment, only to simply

state that he found the process to be informational. The Individual's return to alcohol consumption following a DUI arrest in March 2025 is problematic in itself, and the fact that he returned to consumption following completion of an IOP only works to compound my concern he will return to consuming alcohol at some point, despite his assertions that he no longer intends to do anything of the sort. His decision to consume alcohol following the March 2025 incident and the completion of the first IOP evidences deeply poor judgment. It is clear that the Individual did not grasp the severity of the situation in which he found himself following the March 2025 incident, and I am concerned by the fact that he could not tell me when he realized that the situation in which he found himself was grave enough to seek treatment a second time. He initially pointed to the fact that he realized that this administrative process was ongoing and that he should accordingly stop consuming alcohol, leading me to believe that he initially made the decision to stop consuming alcohol strictly for the purpose of maintaining his clearance. I also found his testimony regarding AA attendance to be somewhat concerning. He stated that he was working on the Twelve Steps but had some notable difficulty articulating which of the Twelve Steps he had completed and could only offer that he was between steps five and six and that he was inconsistently working through the steps in no particular order. While there may not be any harm in working the Twelve Steps out of order, the Individual's lack of precise testimony strongly suggests to me that he is not taking them as seriously as he should. He also seems to have inconsistent contact with his sponsor, so it remains unclear how he is working through any of the steps and whether he is doing so in a meaningful manner. Although the Individual did produce six negative PEth tests, corroborating his abstinence for a period of six months, he could not produce enough negative PEth tests to evidence ongoing abstinence for the span of twelve months as recommended. Finally, the DOE Psychologist did not change her initial opinion and confirmed at the hearing that she did not find adequate evidence of rehabilitation or reformation.

As the DUI occurred in March 2025 and the Individual continued to consume alcohol regularly after completing the first IOP up until September 2025, I cannot conclude that enough time has passed, that his behavior was infrequent, or that it happened under unusual circumstances. Mitigating factor (a) has not been satisfied.

Based on the Individual's testimony, he acknowledged that his alcohol consumption was maladaptive at some point prior to or during the second IOP. However, I cannot conclude that the Individual provided sufficient evidence of the actions taken to overcome the problem. The record indicates that the Individual failed to complete the AA recommendations as articulated by the DOE Psychologist, as he has not provided sufficient evidence that he is working the Twelve Steps. He also has not demonstrated a clear and established pattern of abstinence in accordance with treatment recommendations, as the DOE Psychologist recommended abstinence for twelve months. The Individual has failed to mitigate the stated concerns pursuant to mitigating factor (b).

Although the Individual has participated in regular therapy and treatment programs, he has a previous history of treatment and relapse, as he began consuming alcohol following the completion of the first IOP. Further, while I have a letter from the Individual's therapist generally stating the focus of their treatment and a broad overview of the Individual's participation, I do not have any meaningful information regarding his progress in treatment. Therefore, the Individual has failed to mitigate the stated concerns pursuant to mitigating factor (c).

While the Individual has submitted evidence of counseling and treatment, he submitted only six negative PEth tests, which fails to demonstrate that he has been abstinent for the full period of twelve months, as was recommended by the DOE Psychologist. Therefore, mitigating factor (d) has not been satisfied.

VI. Conclusion

For the reasons set forth above, I conclude that the LSO properly invoked Guideline G of the Adjudicative Guidelines. After considering all the evidence, both favorable and unfavorable, in a comprehensive, common-sense manner, including weighing all the testimony and other evidence presented at the hearing, I find that the Individual has not brought forth sufficient evidence to resolve the security concerns alleged by the LSO under the Guideline G concerns set forth in the SSC. Accordingly, the Individual has not demonstrated that restoring his security clearance would not endanger the common defense and security and would be clearly consistent with the national interest. Therefore, I find that the Individual's access authorization should not be restored. This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Noorassa A. Rahimzadeh
Administrative Judge
Office of Hearings and Appeals