



OFFICE OF CLASSIFICATION  
CLASSIFICATION TRAINING INSTITUTE  
REGISTRATION FORM



Complete the form then select the SUBMIT button to submit and email your request.

Alternatively, select the PRINT button to print form then fill in manually. Send the completed registration forms to the Office of Classification, U.S. Department of Energy, 1000 Independence Avenue, SW., Attn: Christy Craver, AU-61 / Germantown Building, Washington, DC 20585-1290. Completed form may also be faxed to (301) 903-5163.

For more information or assistance, send email to [Christy.Craver@hq.doe.gov](mailto:Christy.Craver@hq.doe.gov).

Course Title				
Course Start Date		Course End Date		
Attendee Information				
Check one	Mr.	Mrs.	Ms.	Dr.
First Name	Middle Name	Last Name	Preferred Nickname	
Job Title (Please be specific and do not use acronyms)		Organization		
Room	Business Street Address	City	State	Zip Code
Business Telephone Number		Business Email Address		
Employment Status:	Federal Employee	Contractor _____ If you are a contractor, specify your company name		
Are you a U.S. citizen?	Yes	No	If you are not a U.S. citizen, specify your country of citizenship (If applicable, include dual citizenship status.)	
What is your Clearance Level?	Q	L	Other _____ If other is selected, list your Clearance Level	
Are you currently an original or Derivative Classifier?		Yes	No	
If No, do you anticipate submitting a request to become a Classifier?		Yes	No	
If Yes, how long have you been a classifier?		Month(s)	Year(s)	
Are you currently a Derivative Declassifier?		Yes	No	
If No, do you anticipate submitting a request to become a Declassifier?		Yes	No	
If Yes, how long have you been a classifier?		Month(s)	Year(s)	
Briefly describe your Classification / Declassification duties/responsibilities.				