OFFICE OF CLASSIFICATION
CLASSIFICATION TRAINING INSTITUTE
REGISTRATION FORM

Complete the form then select the SUBMIT button to email your registration request.
Alternatively, select the PRINT button to print the form then fax to (301) 903-6133.
For more information or assistance, send email to Christy.Craver@hq.doe.gov.

Course Information

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

Telephone Number*	Email Address*

*For remote training events, provide the phone number and email address you will use to participate in the course.

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 Derivative Declassifier?	Yes	No
If Yes, how long have you been a Derivative Declassifier?	___ Month(s)	___ Year

Briefly describe your Classification / Declassification duties and responsibilities