



OFFICE OF CLASSIFICATION
CLASSIFICATION TRAINING INSTITUTE

REGISTRATION FORM



Email completed registration form to Christy.craver@hq.doe.gov or fax to 301-903-5163

Course Title

Course Start Date

Course End Date

Attendee Information

Check one ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

First Name

Middle Name

Last Name

Preferred Name

Job Title (*Please be specific and do not use acronyms*)

Organization

Room

Business Street Address

City

State

Zip Code

Telephone Number*

Email Address*

* For virtual training events, provide your phone and email you will be using to participate in the course.

Classification Officer/Manager (will receive certificates)

Contact information (email or phone)

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?

____ Months

____ 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 Declassifier?

____ Months

____ Year(s)

Briefly describe your Classification/Declassification duties/responsibilities.