



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.