

All fields must be completed and the form communicated via Government-to-Government

**PERSONNEL SECURITY CLEARANCE INFORMATION/ACTION
SHEET (PSCIS)
TO
ITALIAN N.S.A.**

e-mail address: NSA.ITA@alfa.gov.it

1. SELECT ONE OF THE FOLLOWING:

a.

Provide a PSC assurance at the level of TS CTS S NS C NC Other (specify): _____ for the person listed below.

b.

If the person listed below does not hold a PSC, please initiate the vetting procedure on the basis of this PSCIS request. For such a purpose, please find herewith attached the duly filled "Personal Details Form" (Mod. FN-E), along with a copy of the person's valid ID card or passport.

2.

Family name:

Name (as per passport):

Gender: Male Female

Date of Birth (dd/mm/yyyy): ____/____/____

Place of Birth (City, Province/State, Country):

Nationality:

Home Address/Contact Information:

Current Employer:

3. REASON FOR REQUEST (to include particulars of the pre-contractual stage, contract, sub-contract, programme/project, timeline, etc.):

4. REQUESTING NSA/DSA

Name:

Date (dd/mm/yyyy): ____/____/____

5. REPLY (within 5 working days):

This is to inform you that the above-mentioned person:

Holds a PSC up to and including the level of: TS CTS S NS C NC

Other (*specify*): _____ Expiry date: _____

Does not hold a PSC

Does not hold a PSC but on the above-mentioned request, PSC action is in progress in accordance with our national regulations. You will be informed when the PSC confirmation can be provided.

6. PROVIDING NSA/DSA

Name:

Date (dd/mm/yyyy): ____/____/____

ANNEXES (in case option b. in para. 1 above is selected):

- 1) "Personal Details Form" (Mod. FN-E)
- 2) Copy of Subject's valid ID card or passport