

# Need-to-Know Certification and Clearance Form

**THIS PAGE IS REQUIRED FOR ALL PERSONNEL TAKING CLASSIFIED COURSES (Course registration is also required.)**

No letters, visit requests, messages, or long-term visit requests on file at Georgia Tech may be used as approved admittance to these courses.

**PLEASE PRINT CLEARLY AND LEGIBLY.**

## CLASSIFIED COURSES

Advanced RF Electronic Warfare Principles	<input type="checkbox"/> Sept. 14-18, 2009	
Digital Radio Frequency Memory (DRFM) Technology	<input type="checkbox"/> Feb. 24-26, 2009	<input type="checkbox"/> Sept. 22-24, 2009
Developing Radio Frequency (RF) Prototype Hardware	<input type="checkbox"/> July 21-22, 2009	
Directed Infrared Countermeasures: Technology, Modeling, and Testing	<input type="checkbox"/> April 21-23, 2009	
Infrared Countermeasures	<input type="checkbox"/> May 12-15, 2009	<input type="checkbox"/> Dec. 8-11, 2009
Infrared/Visible Signature Suppression	<input type="checkbox"/> March 3-6, 2009	<input type="checkbox"/> Aug. 18-21 2009
Principles of Radar Electronic Protection	<input type="checkbox"/> Sept.29-Oct 1, 2009	
Radar Cross Section Reduction	<input type="checkbox"/> March 16-19, 2009	<input type="checkbox"/> Oct 26-29, 2009

Your assistance is requested in ensuring that this form is immediately forwarded to the appropriate Department of Defense contracting officer or the official who monitors classified programs for completion of this certification.

It is mandatory that this section be completed by the Department of Defense contracting officer or his/her designated representative for contractor personnel, or by the supervisor of government personnel attending this symposium.

I hereby certify the named individual has the need-to-know for countermeasures and low observables to attend the classified presentations identified above.

The participant is performing work in support of contract number \_\_\_\_\_ or program \_\_\_\_\_ that requires access to countermeasures and low observables information.

## NEED-TO-KNOW CERTIFICATION

Signature and Printed Name of Certifying Official		Title
Date		Activity
Address		
Phone	E-mail	
Security Clearance Required-SECRET		

## CLEARANCE (To be completed by security officer)

Registrant's Name: Last, First, Middle (Please Print Clearly)

Phone	E-mail	
Citizenship/Social Security Number	Date of Birth	Place of Birth
Security Clearance Level	Clearance Date	Signature of Attendee

Employer and Proper Address for **Classified Mail ONLY**

Employer's Facility Clearance Level and Storage Capability & CAGE Code

Certifying Official Name Title Phone E-mail	Date Certified
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Security Officer's Signature

**INSTRUCTIONS:** Security-clearance certification and need-to-know certification (above) are required for all attendees. Respondents should also fill out the registration form. MAIL TO: Georgia Institute of Technology • GTRI Research Security • Atlanta, GA 30332 or FAX to 404-407-8691. If you wish to receive notification that your security clearance has been received, call GTRI Research Security at 404-407-6661. **Note: This form does not guarantee your registration in the class.**