

(CLASSIFY AS APPROPRIATE WHEN FILLED IN)

TSCM Request (U)

(Date of Request)

(U) FACILITY: _____
(Organization/Company Name)

(U) STREET: _____
(Complete Address)

(U) CITY: _____ STATE: _____ ZIP: _____

(S/SAR) BLDG NUMBERS: _____ TOTAL NUMBER REQUESTS: _____
(Program Areas) (Submit a Separate Request for Each Facility)

(S/SAR) ROOM NUMBERS: _____
(Program Areas) (Total Sq Ft)

(S/SAR) DATE ALL CONSTRUCTION COMPLETED: _____
(If Applicable)

(S/SAR) DATE ALL EQUIPMENT/FURNISHING IN PLACE: _____
(Equipment Must Be Operational)

(U) HIGHEST CLASSIFICATION LEVEL: _____ (S/SAR) DESIRED DATE: _____

(S/SAR) DATE OF LAST SURVEY: _____ FILE NO: _____
(If Known) (If Known)

(U) GOVT SECURITY MANAGER: _____ WORK PHONE: _____
HOME PHONE: _____

(U) FACILITY POC: _____ WORK PHONE: _____
(Security Manager) HOME PHONE: _____

(U) ALTERNATE POC: _____ WORK PHONE: _____
(Alternate Security Manager) HOME PHONE: _____

(S/SAR) REASON SURVEY NEEDED _____

(Signature of In-Place Security Manager)

(Signature of Government Program Security Officer)

(U) Note: At a minimum, include a sketch or building diagram. When available, submit blueprints. Include overall area/facility maps. Clearly outline program areas on submitted documents. Also provide information regarding physical characteristics such as construction, types and locations of equipment (computers, alarms, radio equipment), windows and any other factor potentially affecting security. Preferred method of receipt is on 8 1/2" x 11" paper. Use of this size may require copy reduction. If not feasible, forward attachments separately.

DERIVED FROM: _____

DECLASSIFY ON: _____

TSCM Request PREVIOUS EDITIONS ARE OBSOLETE

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