JPAS INFORMATION

Everyone attending this workshop must submit their collateral clearance information before 31 October 2019. Anyone attending the morning session on 14 November 2019 must submit their SCI clearance information before 31 October 2019. We have two options to send security forms, JPAS and secure fax (paper cert pg. 2).

In order to ensure that JPAS information will be properly received and processed, please fill out the fields on your JPAS forms as follows.

1. Reason for visit: Workshop
2. Visit access: Collateral or SCI
3. SCI SMO code: 3G0506 (Cert for Collateral only); 3G0502 (Cert for SCI only)
4. POC: RAAINS19
5. POC name and phone number: Holly MacKinnon (781) 981-5309
6. Additional information: “Attending the RAAINS19 Workshop“
7. From date: 11/13/2019
8. To date: 11/15/2019

For other security related questions please contact Holly MacKinnon at (781) 981-5309 or Carolyn Alphen at (781) 981-3284

FAX (PAPER CERTS)

1. Collateral-unclassified fax: (781) 981-6718; SCI-unclassified fax: (781) 981-4441
2. SCI-classified (STE) fax: (781) 981-4262 (must call STE first, then go secure and submit the fax)

Please reference on the fax RAAINS19, this STE-fax setup cannot receive direct faxes from a dedicated classified fax machine. To verify that accesses have been received, e-mail SSD-DTeam@ll.mit.edu.
REQUIRED SCI SECURITY CLEARANCE FORM

RAAINS Workshop: 13–15 November 2019

Completed form due 31 October 2019

No letters, visit requests, messages, or long-term visit requests on file at MIT Lincoln Laboratory will be used as approved admittance to the above event. The individual named below requests authorization to attend the above event. It is understood that the 14 Nov. morning session Security Classification will be TS//SCI.

PART 1. TO BE COMPLETED BY ATTENDEE

Name ___________________________ Last                                                First                                       Initial                          (Note: SSNs will not be stored)

Company Name ___________________________ Date of Birth ___________________________

Company Address ___________________________ Place of Birth ___________________________

Signature ___________________________ Citizenship ___________________________

PART 2. TO BE COMPLETED BY ATTENDEE’S SECURITY OFFICIAL

Security Clearance Certification

Attendee’s Clearance Level ___________________________ Cage Code ___________________________

Signature of Security Officer (POC) ___________________________ Date ___________________________ Tel. No. ___________________________

Print name and title of Security Officer (POC) ___________________________

PLEASE FAX COMPLETED FORM TO

MIT Lincoln Laboratory Security Services Department CSSO, unclassified fax: (781) 981-4441 or classified fax: (781) 981-4262. To confirm receipt of your fax, e-mail xxxxxx@ll.mit.edu

The information on this form is protected and secured from public view and access in accordance with MIT Lincoln Laboratory Security Procedures protecting personally identifiable information in accordance with Massachusetts General Laws. Lincoln Laboratory supports the position of the Office of the Secretary of Defense that “Need-to-Know” determinations are made by the organization disclosing classified information.