



Date  
\_\_\_\_\_

**Sender**

Sender (public agency requesting/deciding on records check. Name and postal address)
Desk officer (name and telephone number)
Actual employer (name and telephone number)
Desk officer at actual employer (name and telephone number)

- Security clearance level 1 + enclosure
- Security clearance level 2 + enclosure
- Security clearance level 3
- Procurement requiring a protective security agreement (SUA)
- Section 14, To protect against terrorism

Place Secret stamp here

*To be filled in by the Security Service*

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**Information**

Data will be subject to automated data processing under the Personal Data Act (1998:204)

**Personal data**

Family name and all given names (with the name used in capitals. Exempel: Andersson, PETER Tom)		Place/country of birth (if not Sweden)	
Swedish personal identity number or, failing that, date of birth		Profession/Title after security clearance	
Present citizenship/s		Previous citizenship/s	
Home address	Post code	City	Daytime telephone number
Postal address if different from home address	Post code	City	Passport number (foreign citizens only)
Most recent home address abroad (in the last five years)		Employer after security clearance, incl. telephone number	
Reason for records check (please describe intended tasks)			End date if hired for a temporary assignment
			<input type="checkbox"/> New employee <input type="checkbox"/> Repeat check

**To be filled in for classified procurement (SUA). All spaces must be filled in.**

Legal name of company		Organisation register number	
Postal address	Post code	City	Telephone number
Subcontractor under (company name)		Title of SUA Project/Assignment (as stated on Classified Procurement (SUA) form)	

**Signature by requesting public agency \***

Signature
Name in block letters

**Information**

\* This signature confirms that consent has been obtained from the person subject to the check in accordance with Section 19 of the Protective Security Act (1996:627)

Once the requesting public agency has come to a decision, the separate send list and any enclosed memos in original are to be returned to:

Säkerhetspolisen  
Registerkontrollen  
Box 12312  
102 28 STOCKHOLM

Please use overleaf if more space is required. If so, please tick box.