

# Attachment J-6

## Security Classification

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| <b>DEPARTMENT OF DEFENSE</b><br><b>CONTRACT SECURITY CLASSIFICATION SPECIFICATION</b><br><br><i>(The requirements of the DoD Industrial Security Manual apply to all aspects of this effort)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                                                                                                           |                                                                                                                            | <b>1. CLEARANCE AND SAFEGUARDING</b><br>a. FACILITY CLEARANCE REQUIRED<br><input checked="" type="checkbox"/> <b>Top Secret</b><br>b. LEVEL OF SAFEGUARDING REQUIRED<br><input checked="" type="checkbox"/> <b>Secret</b> |    |                                                  |     |    |                                                              |     |    |                                                 |   |  |                                                                                                         |   |  |                    |  |   |                                      |  |   |                                               |  |   |                                             |  |   |                             |  |   |                                                    |  |   |                              |  |  |                          |  |   |                                               |   |  |                                                                                                                     |  |   |             |  |   |                                                                                                                            |  |   |                               |  |   |                             |  |   |                     |  |   |                               |  |   |                                   |  |   |                                                  |  |   |                                      |  |   |                                                     |  |   |                                      |   |  |                                          |  |  |                    |  |   |  |  |  |
| <b>2. THIS SPECIFICATION IS FOR: (X and complete as applicable)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |                                                                                                           |                                                                                                                            | <b>3. THIS SPECIFICATION IS: (X and complete as applicable)</b>                                                                                                                                                           |    |                                                  |     |    |                                                              |     |    |                                                 |   |  |                                                                                                         |   |  |                    |  |   |                                      |  |   |                                               |  |   |                                             |  |   |                             |  |   |                                                    |  |   |                              |  |  |                          |  |   |                                               |   |  |                                                                                                                     |  |   |             |  |   |                                                                                                                            |  |   |                               |  |   |                             |  |   |                     |  |   |                               |  |   |                                   |  |   |                                                  |  |   |                                      |  |   |                                                     |  |   |                                      |   |  |                                          |  |  |                    |  |   |  |  |  |
| <input checked="" type="checkbox"/> a. PRIME CONTRACT NUMBER<br>NNJ09HD46C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | <input checked="" type="checkbox"/> a. ORIGINAL (Complete date in all cases)<br>Date (YYMMDD)<br>20090101 |                                                                                                                            |                                                                                                                                                                                                                           |    |                                                  |     |    |                                                              |     |    |                                                 |   |  |                                                                                                         |   |  |                    |  |   |                                      |  |   |                                               |  |   |                                             |  |   |                             |  |   |                                                    |  |   |                              |  |  |                          |  |   |                                               |   |  |                                                                                                                     |  |   |             |  |   |                                                                                                                            |  |   |                               |  |   |                             |  |   |                     |  |   |                               |  |   |                                   |  |   |                                                  |  |   |                                      |  |   |                                                     |  |   |                                      |   |  |                                          |  |  |                    |  |   |  |  |  |
| <input type="checkbox"/> b. SUBCONTRACT NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     | <input checked="" type="checkbox"/> b. REVISED (Supersedes all previous specs)<br>Revision No.<br>6       |                                                                                                                            | Date (YYMMDD)<br>20150908                                                                                                                                                                                                 |    |                                                  |     |    |                                                              |     |    |                                                 |   |  |                                                                                                         |   |  |                    |  |   |                                      |  |   |                                               |  |   |                                             |  |   |                             |  |   |                                                    |  |   |                              |  |  |                          |  |   |                                               |   |  |                                                                                                                     |  |   |             |  |   |                                                                                                                            |  |   |                               |  |   |                             |  |   |                     |  |   |                               |  |   |                                   |  |   |                                                  |  |   |                                      |  |   |                                                     |  |   |                                      |   |  |                                          |  |  |                    |  |   |  |  |  |
| <input type="checkbox"/> c. SOLICITATION OR OTHER NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     | Due Date (YYMMDD)                                                                                         |                                                                                                                            | <input type="checkbox"/> c. FINAL (Complete Item 5 in all cases)<br>Date (YYMMDD)                                                                                                                                         |    |                                                  |     |    |                                                              |     |    |                                                 |   |  |                                                                                                         |   |  |                    |  |   |                                      |  |   |                                               |  |   |                                             |  |   |                             |  |   |                                                    |  |   |                              |  |  |                          |  |   |                                               |   |  |                                                                                                                     |  |   |             |  |   |                                                                                                                            |  |   |                               |  |   |                             |  |   |                     |  |   |                               |  |   |                                   |  |   |                                                  |  |   |                                      |  |   |                                                     |  |   |                                      |   |  |                                          |  |  |                    |  |   |  |  |  |
| <b>4. IS THIS A FOLLOW-ON CONTRACT?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. If Yes complete the following<br>Classified material received or generated under (Preceding Contract Number) is transferred to this follow-on contract                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |                                                                                                           |                                                                                                                            |                                                                                                                                                                                                                           |    |                                                  |     |    |                                                              |     |    |                                                 |   |  |                                                                                                         |   |  |                    |  |   |                                      |  |   |                                               |  |   |                                             |  |   |                             |  |   |                                                    |  |   |                              |  |  |                          |  |   |                                               |   |  |                                                                                                                     |  |   |             |  |   |                                                                                                                            |  |   |                               |  |   |                             |  |   |                     |  |   |                               |  |   |                                   |  |   |                                                  |  |   |                                      |  |   |                                                     |  |   |                                      |   |  |                                          |  |  |                    |  |   |  |  |  |
| <b>5. IS THIS A FINAL DD FORM 254?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. If Yes complete the following<br>In response to the contractor's request dated <u>N/A</u> , retention of the identified classified material is authorized for the period of <u>N/A</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                                                                                                           |                                                                                                                            |                                                                                                                                                                                                                           |    |                                                  |     |    |                                                              |     |    |                                                 |   |  |                                                                                                         |   |  |                    |  |   |                                      |  |   |                                               |  |   |                                             |  |   |                             |  |   |                                                    |  |   |                              |  |  |                          |  |   |                                               |   |  |                                                                                                                     |  |   |             |  |   |                                                                                                                            |  |   |                               |  |   |                             |  |   |                     |  |   |                               |  |   |                                   |  |   |                                                  |  |   |                                      |  |   |                                                     |  |   |                                      |   |  |                                          |  |  |                    |  |   |  |  |  |
| <b>6. CONTRACTOR (Include Commercial and Government Entity (CAGE) Code)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |                                                                                                           |                                                                                                                            |                                                                                                                                                                                                                           |    |                                                  |     |    |                                                              |     |    |                                                 |   |  |                                                                                                         |   |  |                    |  |   |                                      |  |   |                                               |  |   |                                             |  |   |                             |  |   |                                                    |  |   |                              |  |  |                          |  |   |                                               |   |  |                                                                                                                     |  |   |             |  |   |                                                                                                                            |  |   |                               |  |   |                             |  |   |                     |  |   |                               |  |   |                                   |  |   |                                                  |  |   |                                      |  |   |                                                     |  |   |                                      |   |  |                                          |  |  |                    |  |   |  |  |  |
| a. NAME, ADDRESS, AND ZIP CODE<br>Lockheed Martin Corporation – Information Systems & Global Services<br>700 N Frederick Ave.<br>Gaithersburg, MD 20879-3395                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     | b. CAGE CODE<br>4N497                                                                                     |                                                                                                                            | c. COGNIZANT SECURITY OFFICE (Name, Address, and Zip Code)<br>IOFCL2 – Defense Security Service<br>938 Elkridge Landing Road, Suite 31<br>Linthicum, MD 21090-2917                                                        |    |                                                  |     |    |                                                              |     |    |                                                 |   |  |                                                                                                         |   |  |                    |  |   |                                      |  |   |                                               |  |   |                                             |  |   |                             |  |   |                                                    |  |   |                              |  |  |                          |  |   |                                               |   |  |                                                                                                                     |  |   |             |  |   |                                                                                                                            |  |   |                               |  |   |                             |  |   |                     |  |   |                               |  |   |                                   |  |   |                                                  |  |   |                                      |  |   |                                                     |  |   |                                      |   |  |                                          |  |  |                    |  |   |  |  |  |
| <b>7. SUBCONTRACTOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |                                                                                                           |                                                                                                                            |                                                                                                                                                                                                                           |    |                                                  |     |    |                                                              |     |    |                                                 |   |  |                                                                                                         |   |  |                    |  |   |                                      |  |   |                                               |  |   |                                             |  |   |                             |  |   |                                                    |  |   |                              |  |  |                          |  |   |                                               |   |  |                                                                                                                     |  |   |             |  |   |                                                                                                                            |  |   |                               |  |   |                             |  |   |                     |  |   |                               |  |   |                                   |  |   |                                                  |  |   |                                      |  |   |                                                     |  |   |                                      |   |  |                                          |  |  |                    |  |   |  |  |  |
| a. NAME, ADDRESS, AND ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     | b. CAGE CODE                                                                                              |                                                                                                                            | c. COGNIZANT SECURITY OFFICES (Name, Address, and Zip Code)                                                                                                                                                               |    |                                                  |     |    |                                                              |     |    |                                                 |   |  |                                                                                                         |   |  |                    |  |   |                                      |  |   |                                               |  |   |                                             |  |   |                             |  |   |                                                    |  |   |                              |  |  |                          |  |   |                                               |   |  |                                                                                                                     |  |   |             |  |   |                                                                                                                            |  |   |                               |  |   |                             |  |   |                     |  |   |                               |  |   |                                   |  |   |                                                  |  |   |                                      |  |   |                                                     |  |   |                                      |   |  |                                          |  |  |                    |  |   |  |  |  |
| <b>8. ACTUAL PERFORMANCE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |                                                                                                           |                                                                                                                            |                                                                                                                                                                                                                           |    |                                                  |     |    |                                                              |     |    |                                                 |   |  |                                                                                                         |   |  |                    |  |   |                                      |  |   |                                               |  |   |                                             |  |   |                             |  |   |                                                    |  |   |                              |  |  |                          |  |   |                                               |   |  |                                                                                                                     |  |   |             |  |   |                                                                                                                            |  |   |                               |  |   |                             |  |   |                     |  |   |                               |  |   |                                   |  |   |                                                  |  |   |                                      |  |   |                                                     |  |   |                                      |   |  |                                          |  |  |                    |  |   |  |  |  |
| a. LOCATION<br>NASA/Johnson Space Center<br>2101 NASA Parkway<br>Houston, TX 77058-3696                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     | b. CAGE CODE                                                                                              |                                                                                                                            | c. COGNIZANT SECURITY OFFICE (Name, Address, and Zip Code)                                                                                                                                                                |    |                                                  |     |    |                                                              |     |    |                                                 |   |  |                                                                                                         |   |  |                    |  |   |                                      |  |   |                                               |  |   |                                             |  |   |                             |  |   |                                                    |  |   |                              |  |  |                          |  |   |                                               |   |  |                                                                                                                     |  |   |             |  |   |                                                                                                                            |  |   |                               |  |   |                             |  |   |                     |  |   |                               |  |   |                                   |  |   |                                                  |  |   |                                      |  |   |                                                     |  |   |                                      |   |  |                                          |  |  |                    |  |   |  |  |  |
| <b>9. GENERAL IDENTIFICATION OF THIS PROCUREMENT</b><br>Facilities Development and Operations Contract (FDOC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |                                                                                                           |                                                                                                                            |                                                                                                                                                                                                                           |    |                                                  |     |    |                                                              |     |    |                                                 |   |  |                                                                                                         |   |  |                    |  |   |                                      |  |   |                                               |  |   |                                             |  |   |                             |  |   |                                                    |  |   |                              |  |  |                          |  |   |                                               |   |  |                                                                                                                     |  |   |             |  |   |                                                                                                                            |  |   |                               |  |   |                             |  |   |                     |  |   |                               |  |   |                                   |  |   |                                                  |  |   |                                      |  |   |                                                     |  |   |                                      |   |  |                                          |  |  |                    |  |   |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"><b>10. THIS CONTRACT WILL REQUIRE ACCESS TO:</b></td> <td style="width: 10%;">YES</td> <td style="width: 10%;">NO</td> <td style="width: 40%;"><b>11. IN PERFORMING THIS CONTRACT, THE CONTRACTOR WILL:</b></td> <td style="width: 10%;">YES</td> <td style="width: 10%;">NO</td> </tr> <tr> <td>a. COMMUNICATIONS SECURITY (COMSEC) INFORMATION</td> <td>X</td> <td></td> <td>a. HAVE ACCESS TO CLASSIFIED INFORMATION ONLY AT ANOTHER CONTRACTOR'S FACILITY OR A GOVERNMENT ACTIVITY</td> <td>X</td> <td></td> </tr> <tr> <td>b. RESTRICTED DATA</td> <td></td> <td>X</td> <td>b. RECEIVE CLASSIFIED DOCUMENTS ONLY</td> <td></td> <td>X</td> </tr> <tr> <td>c. CRITICAL NUCLEAR WEAPON DESIGN INFORMATION</td> <td></td> <td>X</td> <td>c. RECEIVE AND GENERATE CLASSIFIED MATERIAL</td> <td></td> <td>X</td> </tr> <tr> <td>d. FORMERLY RESTRICTED DATA</td> <td></td> <td>X</td> <td>d. FABRICATE, MODIFY, OR STORE CLASSIFIED HARDWARE</td> <td></td> <td>X</td> </tr> <tr> <td>e. INTELLIGENCE INFORMATION:</td> <td></td> <td></td> <td>e. PERFORM SERVICES ONLY</td> <td></td> <td>X</td> </tr> <tr> <td>    (1) Sensitive Compartmented Information (SCI)</td> <td>X</td> <td></td> <td>f. HAVE ACCESS TO U.S. CLASSIFIED INFORMATION OUTSIDE THE U.S., PUERTO RICO, U.S. POSSESSIONS AND TRUST TERRITORIES</td> <td></td> <td>X</td> </tr> <tr> <td>    (2) Non-SCI</td> <td></td> <td>X</td> <td>g. BE AUTHORIZED TO USE THE SERVICES OF DEFENSE TECHNICAL INFORMATION CENTER (DTIC) OR OTHER SECONDARY DISTRIBUTION CENTER</td> <td></td> <td>X</td> </tr> <tr> <td>f. SPECIAL ACCESS INFORMATION</td> <td></td> <td>X</td> <td>h. REQUIRE A COMSEC ACCOUNT</td> <td></td> <td>X</td> </tr> <tr> <td>g. NATO INFORMATION</td> <td></td> <td>X</td> <td>i. HAVE A TEMPEST REQUIREMENT</td> <td></td> <td>X</td> </tr> <tr> <td>h. FOREIGN GOVERNMENT INFORMATION</td> <td></td> <td>X</td> <td>j. HAVE OPERATIONS SECURITY (OPSEC) REQUIREMENTS</td> <td></td> <td>X</td> </tr> <tr> <td>i. LIMITED DISSEMINATION INFORMATION</td> <td></td> <td>X</td> <td>k. BE AUTHORIZED TO USE THE DEFENSE COURIER SERVICE</td> <td></td> <td>X</td> </tr> <tr> <td>j. FOR OFFICIAL USE ONLY INFORMATION</td> <td>X</td> <td></td> <td>l. OTHER (Specify): SEE BLOCK 13 REMARKS</td> <td></td> <td></td> </tr> <tr> <td>k. OTHER (Specify)</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> </tr> </table> |     |                                                                                                           |                                                                                                                            |                                                                                                                                                                                                                           |    | <b>10. THIS CONTRACT WILL REQUIRE ACCESS TO:</b> | YES | NO | <b>11. IN PERFORMING THIS CONTRACT, THE CONTRACTOR WILL:</b> | YES | NO | a. COMMUNICATIONS SECURITY (COMSEC) INFORMATION | X |  | a. HAVE ACCESS TO CLASSIFIED INFORMATION ONLY AT ANOTHER CONTRACTOR'S FACILITY OR A GOVERNMENT ACTIVITY | X |  | b. RESTRICTED DATA |  | X | b. RECEIVE CLASSIFIED DOCUMENTS ONLY |  | X | c. CRITICAL NUCLEAR WEAPON DESIGN INFORMATION |  | X | c. RECEIVE AND GENERATE CLASSIFIED MATERIAL |  | X | d. FORMERLY RESTRICTED DATA |  | X | d. FABRICATE, MODIFY, OR STORE CLASSIFIED HARDWARE |  | X | e. INTELLIGENCE INFORMATION: |  |  | e. PERFORM SERVICES ONLY |  | X | (1) Sensitive Compartmented Information (SCI) | X |  | f. HAVE ACCESS TO U.S. CLASSIFIED INFORMATION OUTSIDE THE U.S., PUERTO RICO, U.S. POSSESSIONS AND TRUST TERRITORIES |  | X | (2) Non-SCI |  | X | g. BE AUTHORIZED TO USE THE SERVICES OF DEFENSE TECHNICAL INFORMATION CENTER (DTIC) OR OTHER SECONDARY DISTRIBUTION CENTER |  | X | f. SPECIAL ACCESS INFORMATION |  | X | h. REQUIRE A COMSEC ACCOUNT |  | X | g. NATO INFORMATION |  | X | i. HAVE A TEMPEST REQUIREMENT |  | X | h. FOREIGN GOVERNMENT INFORMATION |  | X | j. HAVE OPERATIONS SECURITY (OPSEC) REQUIREMENTS |  | X | i. LIMITED DISSEMINATION INFORMATION |  | X | k. BE AUTHORIZED TO USE THE DEFENSE COURIER SERVICE |  | X | j. FOR OFFICIAL USE ONLY INFORMATION | X |  | l. OTHER (Specify): SEE BLOCK 13 REMARKS |  |  | k. OTHER (Specify) |  | X |  |  |  |
| <b>10. THIS CONTRACT WILL REQUIRE ACCESS TO:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | YES | NO                                                                                                        | <b>11. IN PERFORMING THIS CONTRACT, THE CONTRACTOR WILL:</b>                                                               | YES                                                                                                                                                                                                                       | NO |                                                  |     |    |                                                              |     |    |                                                 |   |  |                                                                                                         |   |  |                    |  |   |                                      |  |   |                                               |  |   |                                             |  |   |                             |  |   |                                                    |  |   |                              |  |  |                          |  |   |                                               |   |  |                                                                                                                     |  |   |             |  |   |                                                                                                                            |  |   |                               |  |   |                             |  |   |                     |  |   |                               |  |   |                                   |  |   |                                                  |  |   |                                      |  |   |                                                     |  |   |                                      |   |  |                                          |  |  |                    |  |   |  |  |  |
| a. COMMUNICATIONS SECURITY (COMSEC) INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | X   |                                                                                                           | a. HAVE ACCESS TO CLASSIFIED INFORMATION ONLY AT ANOTHER CONTRACTOR'S FACILITY OR A GOVERNMENT ACTIVITY                    | X                                                                                                                                                                                                                         |    |                                                  |     |    |                                                              |     |    |                                                 |   |  |                                                                                                         |   |  |                    |  |   |                                      |  |   |                                               |  |   |                                             |  |   |                             |  |   |                                                    |  |   |                              |  |  |                          |  |   |                                               |   |  |                                                                                                                     |  |   |             |  |   |                                                                                                                            |  |   |                               |  |   |                             |  |   |                     |  |   |                               |  |   |                                   |  |   |                                                  |  |   |                                      |  |   |                                                     |  |   |                                      |   |  |                                          |  |  |                    |  |   |  |  |  |
| b. RESTRICTED DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     | X                                                                                                         | b. RECEIVE CLASSIFIED DOCUMENTS ONLY                                                                                       |                                                                                                                                                                                                                           | X  |                                                  |     |    |                                                              |     |    |                                                 |   |  |                                                                                                         |   |  |                    |  |   |                                      |  |   |                                               |  |   |                                             |  |   |                             |  |   |                                                    |  |   |                              |  |  |                          |  |   |                                               |   |  |                                                                                                                     |  |   |             |  |   |                                                                                                                            |  |   |                               |  |   |                             |  |   |                     |  |   |                               |  |   |                                   |  |   |                                                  |  |   |                                      |  |   |                                                     |  |   |                                      |   |  |                                          |  |  |                    |  |   |  |  |  |
| c. CRITICAL NUCLEAR WEAPON DESIGN INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     | X                                                                                                         | c. RECEIVE AND GENERATE CLASSIFIED MATERIAL                                                                                |                                                                                                                                                                                                                           | X  |                                                  |     |    |                                                              |     |    |                                                 |   |  |                                                                                                         |   |  |                    |  |   |                                      |  |   |                                               |  |   |                                             |  |   |                             |  |   |                                                    |  |   |                              |  |  |                          |  |   |                                               |   |  |                                                                                                                     |  |   |             |  |   |                                                                                                                            |  |   |                               |  |   |                             |  |   |                     |  |   |                               |  |   |                                   |  |   |                                                  |  |   |                                      |  |   |                                                     |  |   |                                      |   |  |                                          |  |  |                    |  |   |  |  |  |
| d. FORMERLY RESTRICTED DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     | X                                                                                                         | d. FABRICATE, MODIFY, OR STORE CLASSIFIED HARDWARE                                                                         |                                                                                                                                                                                                                           | X  |                                                  |     |    |                                                              |     |    |                                                 |   |  |                                                                                                         |   |  |                    |  |   |                                      |  |   |                                               |  |   |                                             |  |   |                             |  |   |                                                    |  |   |                              |  |  |                          |  |   |                                               |   |  |                                                                                                                     |  |   |             |  |   |                                                                                                                            |  |   |                               |  |   |                             |  |   |                     |  |   |                               |  |   |                                   |  |   |                                                  |  |   |                                      |  |   |                                                     |  |   |                                      |   |  |                                          |  |  |                    |  |   |  |  |  |
| e. INTELLIGENCE INFORMATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |                                                                                                           | e. PERFORM SERVICES ONLY                                                                                                   |                                                                                                                                                                                                                           | X  |                                                  |     |    |                                                              |     |    |                                                 |   |  |                                                                                                         |   |  |                    |  |   |                                      |  |   |                                               |  |   |                                             |  |   |                             |  |   |                                                    |  |   |                              |  |  |                          |  |   |                                               |   |  |                                                                                                                     |  |   |             |  |   |                                                                                                                            |  |   |                               |  |   |                             |  |   |                     |  |   |                               |  |   |                                   |  |   |                                                  |  |   |                                      |  |   |                                                     |  |   |                                      |   |  |                                          |  |  |                    |  |   |  |  |  |
| (1) Sensitive Compartmented Information (SCI)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | X   |                                                                                                           | f. HAVE ACCESS TO U.S. CLASSIFIED INFORMATION OUTSIDE THE U.S., PUERTO RICO, U.S. POSSESSIONS AND TRUST TERRITORIES        |                                                                                                                                                                                                                           | X  |                                                  |     |    |                                                              |     |    |                                                 |   |  |                                                                                                         |   |  |                    |  |   |                                      |  |   |                                               |  |   |                                             |  |   |                             |  |   |                                                    |  |   |                              |  |  |                          |  |   |                                               |   |  |                                                                                                                     |  |   |             |  |   |                                                                                                                            |  |   |                               |  |   |                             |  |   |                     |  |   |                               |  |   |                                   |  |   |                                                  |  |   |                                      |  |   |                                                     |  |   |                                      |   |  |                                          |  |  |                    |  |   |  |  |  |
| (2) Non-SCI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     | X                                                                                                         | g. BE AUTHORIZED TO USE THE SERVICES OF DEFENSE TECHNICAL INFORMATION CENTER (DTIC) OR OTHER SECONDARY DISTRIBUTION CENTER |                                                                                                                                                                                                                           | X  |                                                  |     |    |                                                              |     |    |                                                 |   |  |                                                                                                         |   |  |                    |  |   |                                      |  |   |                                               |  |   |                                             |  |   |                             |  |   |                                                    |  |   |                              |  |  |                          |  |   |                                               |   |  |                                                                                                                     |  |   |             |  |   |                                                                                                                            |  |   |                               |  |   |                             |  |   |                     |  |   |                               |  |   |                                   |  |   |                                                  |  |   |                                      |  |   |                                                     |  |   |                                      |   |  |                                          |  |  |                    |  |   |  |  |  |
| f. SPECIAL ACCESS INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     | X                                                                                                         | h. REQUIRE A COMSEC ACCOUNT                                                                                                |                                                                                                                                                                                                                           | X  |                                                  |     |    |                                                              |     |    |                                                 |   |  |                                                                                                         |   |  |                    |  |   |                                      |  |   |                                               |  |   |                                             |  |   |                             |  |   |                                                    |  |   |                              |  |  |                          |  |   |                                               |   |  |                                                                                                                     |  |   |             |  |   |                                                                                                                            |  |   |                               |  |   |                             |  |   |                     |  |   |                               |  |   |                                   |  |   |                                                  |  |   |                                      |  |   |                                                     |  |   |                                      |   |  |                                          |  |  |                    |  |   |  |  |  |
| g. NATO INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     | X                                                                                                         | i. HAVE A TEMPEST REQUIREMENT                                                                                              |                                                                                                                                                                                                                           | X  |                                                  |     |    |                                                              |     |    |                                                 |   |  |                                                                                                         |   |  |                    |  |   |                                      |  |   |                                               |  |   |                                             |  |   |                             |  |   |                                                    |  |   |                              |  |  |                          |  |   |                                               |   |  |                                                                                                                     |  |   |             |  |   |                                                                                                                            |  |   |                               |  |   |                             |  |   |                     |  |   |                               |  |   |                                   |  |   |                                                  |  |   |                                      |  |   |                                                     |  |   |                                      |   |  |                                          |  |  |                    |  |   |  |  |  |
| h. FOREIGN GOVERNMENT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     | X                                                                                                         | j. HAVE OPERATIONS SECURITY (OPSEC) REQUIREMENTS                                                                           |                                                                                                                                                                                                                           | X  |                                                  |     |    |                                                              |     |    |                                                 |   |  |                                                                                                         |   |  |                    |  |   |                                      |  |   |                                               |  |   |                                             |  |   |                             |  |   |                                                    |  |   |                              |  |  |                          |  |   |                                               |   |  |                                                                                                                     |  |   |             |  |   |                                                                                                                            |  |   |                               |  |   |                             |  |   |                     |  |   |                               |  |   |                                   |  |   |                                                  |  |   |                                      |  |   |                                                     |  |   |                                      |   |  |                                          |  |  |                    |  |   |  |  |  |
| i. LIMITED DISSEMINATION INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     | X                                                                                                         | k. BE AUTHORIZED TO USE THE DEFENSE COURIER SERVICE                                                                        |                                                                                                                                                                                                                           | X  |                                                  |     |    |                                                              |     |    |                                                 |   |  |                                                                                                         |   |  |                    |  |   |                                      |  |   |                                               |  |   |                                             |  |   |                             |  |   |                                                    |  |   |                              |  |  |                          |  |   |                                               |   |  |                                                                                                                     |  |   |             |  |   |                                                                                                                            |  |   |                               |  |   |                             |  |   |                     |  |   |                               |  |   |                                   |  |   |                                                  |  |   |                                      |  |   |                                                     |  |   |                                      |   |  |                                          |  |  |                    |  |   |  |  |  |
| j. FOR OFFICIAL USE ONLY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | X   |                                                                                                           | l. OTHER (Specify): SEE BLOCK 13 REMARKS                                                                                   |                                                                                                                                                                                                                           |    |                                                  |     |    |                                                              |     |    |                                                 |   |  |                                                                                                         |   |  |                    |  |   |                                      |  |   |                                               |  |   |                                             |  |   |                             |  |   |                                                    |  |   |                              |  |  |                          |  |   |                                               |   |  |                                                                                                                     |  |   |             |  |   |                                                                                                                            |  |   |                               |  |   |                             |  |   |                     |  |   |                               |  |   |                                   |  |   |                                                  |  |   |                                      |  |   |                                                     |  |   |                                      |   |  |                                          |  |  |                    |  |   |  |  |  |
| k. OTHER (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     | X                                                                                                         |                                                                                                                            |                                                                                                                                                                                                                           |    |                                                  |     |    |                                                              |     |    |                                                 |   |  |                                                                                                         |   |  |                    |  |   |                                      |  |   |                                               |  |   |                                             |  |   |                             |  |   |                                                    |  |   |                              |  |  |                          |  |   |                                               |   |  |                                                                                                                     |  |   |             |  |   |                                                                                                                            |  |   |                               |  |   |                             |  |   |                     |  |   |                               |  |   |                                   |  |   |                                                  |  |   |                                      |  |   |                                                     |  |   |                                      |   |  |                                          |  |  |                    |  |   |  |  |  |

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| <b>12. PUBLIC RELEASE.</b> Any information (classified or unclassified) pertaining to this contract shall not be released for public dissemination except as provided by the industrial Security Manual or unless it has been approved for public release by appropriate U.S. Government authority. Proposed public release shall be submitted for approval prior to release.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |
| <input checked="" type="checkbox"/> Direct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Through (Specify):                                                                                                                                                                                                                                                                                                                                                                       |                                                  |
| NASA/Johnson Space Center AP/Public Affairs Office Houston, TX 77058-3696                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |
| To the Office of Public Affairs, National Aeronautics and Space Administration, Washington, DC 20546, for review.<br>to the Directorate for Freedom of Information and Security Review, Office of the Assistant Secretary of Defense (Public Affairs)* for review.<br>*In the case of non-DoD User Agencies, requests for disclosure shall be submitted to that agency.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |
| <b>13. SECURITY GUIDANCE.</b> The security classification guidance needed for this effort is identified below. If any difficulty is encountered in applying this guidance or if any other contributing factor indicates a need for changes in this guidance, the contractor is authorized and encouraged to provide recommended changes: to challenge the guidance or classification assigned to any information or material furnished or generated under this contract; and to submit any questions for interpretation of this guidance to the official identified below. Pending final decision, the information involved shall be handled and protected at the highest level of classification assigned or recommended. (Fill in as appropriate for the classified effort. Attach, or forward under separate correspondence, any document/guides/extracts referenced herein. Add additional pages as needed to provide complete guidance.)<br>Performance of this contract will involve storage of back-up classified information at the contractor's facility. Access to classified information/areas will occur primarily at the user agency (NASA/JSC). Only U.S. citizens granted a final personnel security clearance are eligible for access to classified material. The contractor must meet and comply with the facility clearance requirements for TOP SECRET and the industrial security requirements for access to classified information at the TOP SECRET level in accordance with the National Industrial Security Program Operation Manual, DOD 5220.22-M, dated February 28, 2006 and other NASA/JSC security procedures and guidelines. The place of performance will be at JSC and other locations where the requirement is covered by the obligations specified in section C of the basic contract document. The period of performance is from 10/01/14 through 9/30/16 with Option 3 from 10/1/16 through 9/30/17." |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |
| Questions or request concerning clarification or interpretation regarding security requirements shall be directed to the NASA/JSC Industrial Security Specialist at 281-450-5161.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |
| <b>14. ADDITIONAL SECURITY REQUIREMENTS.</b> Requirements, in addition to ISM requirements, are established for this contract. (If Yes, identify the pertinent contractual clauses in the contract document itself, or provide an appropriate statement which identifies the additional requirements. Provide a copy of the requirements to the cognizant security office. Use Item 13 if additional space is needed.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>(a) National Industrial Security Program Operating Manual, DOD 5220.22-M, dated February 28, 2006; (b) JSC Security Handbooks, Manuals, Regulations, Instructions, and Directives (current editions as of the date of Contract Award), as well as any other applicable policies and procedures set forth within the Contract and as identified by NASA.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |
| <b>15. INSPECTIONS.</b> Elements of this contract are outside the inspection responsibility of the cognizant security office. (If Yes, explain and identify specific areas or elements carved out and the activity responsible for inspections. Use Item 13 if additional space is needed.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |
| <b>16. CERTIFICATION AND SIGNATURE.</b> Security requirements stated herein are complete and adequate for safeguarding the classified information to be released or generated under this classified effort. All questions shall be referred to the official named below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |
| a. TYPED NAME OF CERTIFYING OFFICIAL<br>Wayne Sings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | b. TITLE<br>Security Specialist                                                                                                                                                                                                                                                                                                                                                                                   | c. TELEPHONE (Include Area Code)<br>281-450-5161 |
| d. ADDRESS (Include ZIP Code)<br>2101 NASA Parkway<br>Houston, Texas 77058                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>17. REQUIRED DISTRIBUTION</b>                                                                                                                                                                                                                                                                                                                                                                                  |                                                  |
| e. SIGNATURE<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> a. CONTRACTOR<br><input type="checkbox"/> b. SUBCONTRACTOR<br><input checked="" type="checkbox"/> c. COGNIZANT SECURITY OFFICE FOR PRIME AND SUBCONTRACTOR<br><input type="checkbox"/> d. U.S. ACTIVITY RESPONSIBLE FOR OVERSEAS SECURITY ADMINISTRATION<br><input type="checkbox"/> e. ADMINISTRATIVE CONTRACTING OFFICER<br><input type="checkbox"/> f. OTHERS AS NECESSARY |                                                  |