

REQUIRED SECURITY CLEARANCE FORM

Air, Missile, and Maritime Defense Technology Workshop
(AMMDT) 2025

PRINT

RESET

Date(s) of Event:

Completed Form due date:

No previous long-term visit requests on file at MIT Lincoln Laboratory will be used as approved admittance to the above event.

The individual named below requests authorization to attend the above event. It is understood that the overall Security Classification will be **TS/SCI Clearance for July 8, Collateral Secret Clearance for July 9-10.**

Part 1. TO BE COMPLETED BY ATTENDEE

Name _____
Last First Initial

SSN _____
(Note: SSNs will not be stored.)

Company Name _____

Date of Birth _____

Company Address _____

Place of Birth _____

Signature _____

Citizenship _____

Part 2. TO BE COMPLETED BY ATTENDEE'S SECURITY Security Clearance Certification

Attendee's Clearance Level _____

Cage Code _____

Signature of
Security Officer (POC) _____

Date _____ Tel. No. _____

Print Name and Title of Security Officer (POC) _____

Lincoln Laboratory supports the position of the Office of the Secretary of Defense that "Need-to-Know" determinations are made by the organization disclosing classified information.

Security Officer may return completed form via:

Fax: MIT Lincoln Laboratory
Security Services Department
Unclassified Fax: 781-981-6718
Classified Fax: 781-981-4262

or

Email: **Password-protected***, completed
form to LLconf@ll.mit.edu

**REQUIRED*

*The information on this form is protected and secured from public view and access in accordance with Laboratory Security Procedures protecting Personally Identifiable Information in accordance with Massachusetts General Law.