Instructions:
1. PRINT legibly, use BLACK INK --- stay inside the boxes
2. VERIFY Header information is complete and correct
3. Complete Badge No. field at bottom; Sign & Date

Index No. PX-3864-OUO
Page No.   1 of 1
Issue No. 020

PanTEX
Managed and Operated by
Consolidated Nuclear Security, LLC

Training Completion Report
(Ref. WI 02.03.02.03.03. WI 02.03.02.03.05, WI 02.03.02.03.06)

Employee Name
_____

Badge No. (or SSN)

Item Name
Subcontractor and Uncleared
Visitor Training
_____

Item No.	Item Type	Item Revision Date		
5 5 3 . 0 5	S T	0 9	0 9	1 9
		M M	D D	Y Y

Test Version	Instructor Badge No	Score	Complete	RIDS	Workflow Route No.	TSR Related?
1 9 0 9 1				A		X
			Y N			Y N

**This training completion report will be used to activate your account in the training database.
Please fill out the form completely and legibly, as all information is needed.**

Print Your Organization's Name: _____

Print Your Pantex Plant Contact's Name: _____

Print Your Month of Birth: _____

ACKNOWLEDGMENT
*By signing and returning this report,
I acknowledge that I have read and understand the information given in:*
- *Subcontractor and Uncleared Visitor Training #553.05*
- *UCNI/OUO Information Packet*

**Further, I acknowledge that failure to follow and comply with the rules and requirements of
this facility could result in immediate removal of access privileges;
And in some circumstances, civil and/or criminal prosecution.
PLEASE VERIFY ALL INFORMATION IS CORRECT
SIGN AND DATE**

Badge No. (or SSN)

Employee Signature:
_____

Training Completion Date:
M M	D D	Y Y