



UNCLASSIFIED

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Issue No. 002

Certification as a United States Citizen in Order to Handle Unclassified Controlled Nuclear Information

Solicitation/Request for Proposal (RFP)/
Requests for Quote (RFQ)/Subcontract ID Number:

I certify that I am a United States Citizen and have read, understand, and will abide by the identification and protection requirements for Uncontrolled Classified Nuclear Information (UCNI) enclosed within PX-6923, *UCNI/CUI Protection Requirements for Pantex Supplier*. I also understand that only United States Citizens may have access to UCNI unless special permission is granted by the Pantex Classification Office.

Additionally, vendors and subcontractors shall use only United States citizens to perform work at the Pantex Plant or be granted access to UCNI associated with this procurement (Solicitation package, RFP/RFQ, etc.) with special permission obtained from the Pantex Classification Office. In order to determine that the Seller is in compliance with this requirement, PanTeXas Deterrence, LLC (PXD) requires that the Seller maintain documentation evidence of citizenship for each current employee and subcontractors' employees that work at the Pantex Plant or that will have access to UCNI associated with this procurement. Copies of these documents attesting they are true, accurate, and complete copies are acceptable. The Seller must be able to provide verification evidence upon request.

A list of acceptable evidence is listed here:

- Birth Certificate (certified copy with raised and/or colored official seal – issued by government/municipality [not issued by hospital])
- Certificate of naturalization (Immigration and Naturalization Services [INS] Form N-550 or N-570).
- Certificate of U.S. Citizenship (INS Form N-560 or N-561)
- Report of Birth Abroad of a citizen of the United States of America (Form FS-240), or
- U.S. Passport (active with picture that still looks like the person).

Seller must return all UCNI upon completion of the procurement action, or when notified by the Procurement Specialist that an award has been made.

COMPANY NAME:

DATE:

AUTHORIZED REPRESENTATIVE SIGNATURE:

AUTHORIZED REPRESENTATIVE NAME (TYPED):

TITLE:

Mailing address for express delivery of UCNI/CUI documents to person certifying above.

STREET ADDRESS:

CITY & STATE:

ZIP CODE:

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