

GENERAL INFORMATION

Who should submit

This form will be completed by persons who marry or cohabit after the time they submit SF-86, "Questionnaire for National Security Positions," or marries or cohabitates after having been granted an access authorization, or employment clearance in connection with U.S. Nuclear Regulatory Commission (NRC) access authorization (security clearance). The form must be submitted within 45 days of the marriage/cohabitation if the spouse/cohabitant has never held a NRC access authorization. For the purposes of this form, a cohabitant is defined as an individual with whom you live, other than a legal spouse, child, or other relative (in-laws, mother, father, brother, sister, etc.), with whom you have a spouse-like relationship or similar bond of affection.

General Instructions

Complete this form in its entirety. Type or print all answers. Enter "none" when applicable. If more space is needed, attach an additional sheet. Specific questions may be referred to the NRC Personnel Security Office.

PRIVACY ACT STATEMENT NRC FORM 354 DATA REPORT ON SPOUSE

Pursuant to 5 U.S.C. 552(e)(3), enacted into law by Section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the Nuclear Regulatory Commission (NRC) on NRC Form 354. This information is maintained in a system of records designated as NRC-39, described at 77 *Federal Register* 67231 (November 8, 2012), or the most recent *Federal Register* publication of the NRC's "Republication of Systems of Records Notices" located in NRC's Agencywide Documents Access and Management System (ADAMS).

- 1. AUTHORITY:** 42 U.S.C. 2011 *et seq.*; 42 U.S.C. 2165, 2201(i), 2201a, and 2284; 42 U.S.C. 5801 *et seq.*; Executive Order (E.O.) 9397, as amended by E.O. 13478; E.O. 10450, as amended; E.O. 10865, as amended; E.O. 12958, amended by E.O. 13256; E.O. 13467; E.O. 13526; 10 CFR Parts 10, 11, 14, 25, 50, 73, 95; OMB Circular No. A-130, Revised; 5 CFR 731, 732, and authorities cited therein.
- 2. PRINCIPAL PURPOSE(S):** To perform an initial security check on a spouse/cohabitant to assure the respondent is not a security risk for determining an employee or applicant's initial or continuing eligibility for NRC employment or access authorization.
- 3. ROUTINE USE(S):** Information in these records may be used by the Division of Facilities and Security and on a need-to-know basis by appropriate NRC officials, Hearing Examiners, Personnel Security Review Panel members, Office of Personnel Management, Central Intelligence Agency, and other Federal agencies to determine clearance or access authorization eligibility; to determine eligibility for access to NRC buildings or access to Federal automated information systems or data; to certify clearance or access authorization; to maintain the NRC personnel security program; to provide licensees information needed for unescorted access or access to safeguard information determinations. Information may be disclosed in accordance with any of the Routine Uses listed in the Prefatory Statement of General Routine Uses, including to an appropriate Federal, State, local or Foreign agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, local and foreign agency to the extent relevant and necessary for an NRC decision about you or to the extent relevant and necessary for that agency's decision about you. Information may also be disclosed, in the course of discovery under a protective order issued by a court of competent jurisdiction, and in presenting evidence; to a Congressional office to respond to their inquiry made at your request; to NRC-paid experts, consultants, and others under contract with the NRC, on a need-to-know basis; or to appropriate persons and entities for purposes of response and remedial efforts in the event of a suspected or confirmed breach of data from this system of records.
- 4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** Disclosing this information is voluntary; however, if it is not supplied, your clearance processing may be delayed or your application may not be processed.
- 5. SYSTEM MANAGER AND ADDRESS:** Director, Division of Facilities and Security, Office of Administration, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001.



DATA REPORT ON SPOUSE

Estimated burden per response to comply with this mandatory collection request: 12 minutes. The information collection is needed by NRC to perform an initial security check on an alien spouse to assure the respondent is not a security risk. Send comments regarding burden estimate to the FOIA, Privacy, and Information Collections Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0026), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

INSTRUCTIONS: This form shall be completed by any applicant who: (a) marries after completing the personnel security form (SF86, "Questionnaire for National Security Positions"); (b) marries after having been granted an access authorization, employment clearance; or (c) whose spouse is an alien. This form will be submitted to the Federal Bureau of Investigations for the purpose of conducting name checks on the spouse/cohabitant and spouse's parents.

1. NAME OF EMPLOYEE OR APPLICANT (Last, First, Middle) <input style="width:95%" type="text"/>	6. PRESENT NAME OF SPOUSE/COHABITANT (Last, First, Middle) <input style="width:95%" type="text"/>
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2. OTHER NAMES USED BY EMPLOYEE OR APPLICANT (Maiden name and/or other names previously used) <input style="width:95%" type="text"/>	7. OTHER NAMES USED BY SPOUSE/COHABITANT (Maiden name and/or other names previously used) <input style="width:95%" type="text"/>
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3. SOCIAL SECURITY NUMBER (Employee or Applicant - Last 4 Digits) <input style="width:95%" type="text"/>	8. DATE AND PLACE OF BIRTH OF SPOUSE/COHABITANT	
	DATE OF BIRTH <input style="width:95%" type="text"/>	PLACE OF BIRTH <input style="width:95%" type="text"/>

4. EMPLOYMENT (Name, Address and Zip Code)(Present Assignment) <input style="width:95%" type="text"/>	9. PRESENT ADDRESS OF SPOUSE/COHABITANT <input style="width:95%" type="text"/>
5. DATE AND PLACE OF MARRIAGE (Employee or Applicant)	

DATE (MM/DD/YYYY) <input style="width:95%" type="text"/>	PLACE OF MARRIAGE <input style="width:95%" type="text"/>
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10. CITIZENSHIP OF SPOUSE/COHABITANT (Complete a. or b., whichever applies)	
<input type="checkbox"/> a. U.S. <input type="checkbox"/> BY BIRTH <input type="checkbox"/> DERIVATIVE (Provide certificate number) <input style="width:95%" type="text"/> <input type="checkbox"/> BY NATURALIZATION (Provide certificate number) DATE OF NATURALIZATION PLACE OF NATURALIZATION <input style="width:95%" type="text"/> <input style="width:95%" type="text"/> CERTIFICATE NUMBER <input style="width:95%" type="text"/>	<input type="checkbox"/> b. ALIEN ALIEN REGISTRATION NUMBER <input style="width:95%" type="text"/> DATE OF ENTRY PORT OF ENTRY <input style="width:95%" type="text"/> <input style="width:95%" type="text"/> PRESENT CITIZENSHIP <input style="width:95%" type="text"/>

11. DOES YOUR SPOUSE/COHABITANT HOLD DUAL CITIZENSHIP WITH ANY COUNTRY(IES)? <input type="checkbox"/> No <input type="checkbox"/> Yes (List the country(ies))	
List country(ies) where spouse or cohabitant holds citizenship: <input style="width:95%" type="text"/>	

12. SPOUSE'S PARENT -- (Living or dead)					
A. RELATION	B. NAME IN FULL	C. DATE OF BIRTH	D. ADDRESS	E. COUNTRY OF BIRTH	F. PRESENT CITIZENSHIP
Father	<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>
Mother	<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>

13. SIGNATURE OF EMPLOYEE OR APPLICANT <input style="width:95%" type="text"/>	14. DATE <input style="width:95%" type="text"/>
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