



Canadian and International Industrial Security Directorate

REQUEST FOR PRIVATE SECTOR ORGANIZATION SCREENING (PSOS)

A - Type of Application (check one)		New <input type="checkbox"/>	Upgrade <input type="checkbox"/>
B - Information on Proposed Organization			
1 - Legal name		2 - Business name (if different from legal name)	
3 - Mailing address		4 - Civic address	
5 - Organization telephone number		6 - Organization facsimile number	
7 - Surname and given name of contact person (Canadian Official)		8 - Title of contact person	
9 - Telephone number of contact person		10 - E-mail address of contact person	
11 - Preferred language of correspondence (check one)		English <input type="checkbox"/>	French <input type="checkbox"/>
C - Information on Registered or Head Office in Canada (if different from above)			
1 - Legal name		2 - Business name (if different from legal name)	
3 - Civic address			
D - Reason(s) for PSOS Request (check those that apply and provide details in space provided)			
<input type="checkbox"/> Contract/RFP, provide number _____			
<input type="checkbox"/> Sub-contract, provide number _____			
<input type="checkbox"/> Program/Project, provide name _____			
<input type="checkbox"/> Major Crown Project, provide name _____			
<input type="checkbox"/> Other, provide details _____			
E - Information on Security Requirements			
1 - Indicate level(s) of personnel security screening required (check those that apply)			
<input type="checkbox"/> RELIABILITY STATUS * <input type="checkbox"/> CONFIDENTIAL <input type="checkbox"/> NATO CONFIDENTIAL			
<input type="checkbox"/> SECRET <input type="checkbox"/> NATO SECRET			
<input type="checkbox"/> TOP SECRET <input type="checkbox"/> COSMIC TOP SECRET			
* This level is required for access to PROTECTED A, PROTECTED B AND PROTECTED C information or assets			
2 - Will the proposed organization be required to store PROTECTED/CLASSIFIED information/assets? Yes <input type="checkbox"/> No <input type="checkbox"/>			



A - If yes, indicate security level(s) of information/ assets to be stored (check those that apply) *
Also, provide address(es) where information/assets will be stored in sections B and C below .

☐ PROTECTED A
☐ PROTECTED B
☐ PROTECTED C

☐ CONFIDENTIAL
☐ SECRET
☐ TOP SECRET

☐ NATO CONFIDENTIAL
☐ NATO SECRET
☐ COSMIC TOP SECRET

* Please attach a completed Security Requirements Check List

B - Civic address

C - Civic address

3 - Will the proposed organization be required to store PROTECTED/CLASSIFIED COMSEC information/assets?
Yes ☐ No ☐

A - If yes, indicate level(s) of PROTECTED/CLASSIFIED COMSEC information/assets to be stored (check those that apply)

☐ PROTECTED A
☐ PROTECTED B
☐ PROTECTED C

☐ CONFIDENTIAL
☐ SECRET
☐ TOP SECRET

4 - Additional information

F - Information on Procurement Officer/Project Manager Requesting PSOS (if different from G)

1 - Surname, given name

2 - Title/Rank

3 - Department/Agency/Organization

4 - Branch/Directorate

5 - Mailing address

6 - E-mail address

7 - Telephone number

8 - Facsimile number

9 - Signature of Approved Source

Signature

Date (YYYY-MM-DD)

G - Information on Approved Source proposing PSOS

1 - Surname, given name

2 - Title/Rank

3 - Department/Agency/Organization

4 - Branch/Directorate

5 - Mailing address

6 - E-mail address

7 - Telephone number

8 - Facsimile number

9 - Signature of Approved Source

Signature

Date (YYYY-MM-DD)