## BRIEFING/REBRIEFING/DEBRIEFING CERTIFICATE

| SECTION A - GENERAL  |                          |
|--|--------------------------|
| 1. NAME:   |                          |
|  |                          |
| 2. DUTY POSITION: 3. PHO   | ONE NUMBER:              |
| 4. ORGANIZATION: 5. AD   | DRESS:                   |
|  |                          |
| SECTION B - BRIEFING   |                          |
| 6. I certify that I have   | and fully understand the |
| procedures for handling material and am aware of my responsibility for safeguarding such information and that I am liable to prosecution under Sections 793 and 794 of Title 18, U.S.C., if either by intent or negligence I allow it to pass into unauthorized hands. |                          |
| 7. SIGNATURE OF INDIVIDUAL:  | DATE:                    |
| 8. SIGNATURE OF BRIEFER:   | DATE:                    |
|  |                          |
| SECTION C - ATOMAL REBRIEFING  |                          |
| 9. I certify that I have been rebriefed and fully unders   |                          |
| and am aware of my responsibility to safeguard such information.  *** FILL OUT ONLY FOR ATOMAL ACCESS***   |                          |
| SIGNATURE AND DATE   | SIGNATURE AND DATE       |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
|  |                          |
| SECTION D -  | DEBRIEFING               |
| 10. I have been debriefed for  |                          |
| and I understand that I must not disclose any classified information which I have obtained in my assignment to this organization or in connection therewith. I also understand that I must not make any such classified  |                          |
| information available to the public or to any person not lawfully entitled to that information. I further understand   |                          |
| that any unauthorized disclosure of such classified information, whether public or private, intentional or   |                          |
| unintentional, will subject me to prosecution under applicable laws.   |                          |
| SIGNATURE OF INDIVIDUAL:   | DATE:                    |
| SIGNATURE OF CONTROL OFFICER:  | DATE:                    |