

Certificate of Completion



I, _____, acknowledge that I have
completed the HQMC Security Orientation Brief
on

DATE

(Click in date box and then out to insert date)

MEMBER'S SIGNATURE

GYSGT PABLO A. ABAD

**SECURITY COORDINATOR
SIGNATURE**

BRIEFING/REBRIEFING/DEBRIEFING CERTIFICATE

SECTION A - GENERAL

1. NAME: _____

2. DUTY POSITION: _____ 3. PHONE NUMBER: _____

4. ORGANIZATION: _____ 5. ADDRESS: _____

SECTION B - BRIEFING

6. I certify that I have (read and been granted access to) (been briefed) and fully understand the procedures for handling (COSMIC) (ATOMAL) (NATO SECRET) (NATO CONFIDENTIAL) 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: Pablo A. Abad DATE: _____

SECTION C - ATOMAL REBRIEFING

9. I certify that I have been rebriefed and fully understand the procedures for handling ATOMAL material 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 ☐ (COSMIC) ☐ (ATOMAL) ☐ (NATO SECRET) ☐ (NATO CONFIDENTIAL) 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: _____

HEADQUARTERS U.S. MARINE CORPS (HQMC)

SECURITY BRIEFING SHEET

(Reference: SECNAVINST-5510.30C)

Name: _____ Rank: _____ Agency/Div: _____

Per the reference, provide your initials indicating confirmation:

- () I have completed the HQMC Security Orientation Training brief.
- () I will attend the HQMC Counterintelligence Awareness and Reporting brief within 90 days of on-boarding.
- () I have read the North Atlantic Treaty Organization (NATO) Briefing. **(Note: If NATO Access is required, forward completed NATO Briefing Certificate to Security Office.)**
- (N/A) I have read the Authorization to Handcarry Classified Material **(Note: Read if Courier Card is required. Mark "N/A" if not applicable.)**
- (N/A) I have read and signed Section I of the Cryptographic Access Certification and Termination, SD form 572 **(Note: Read if Cryptographic Access is required. Mark "N/A" if not applicable.)**

Signature

Date

Debriefing

- () I have the read the HQMC Command Debriefing.

Signature

Date

NOTE: RETAIN ON FILE TWO YEARS AFTER DEPARTURE

HEADQUARTERS U.S. MARINE CORPS

COMMAND DEBRIEFING

(Reference: SECNAV M-5510.30 Chapter 4-11)

This Command Debriefing is given as a result of the following condition(s) (check all that apply):

- ☐ Transferring from this command to another
- ☐ Terminating active military service or civilian employment
- ☐ Temporarily separating for a period of 60 days or more
- ☐ Expiration of a Limited Access Authorization
- ☐ Inadvertent substantive access to information which subject is not eligible to receive
- ☐ Security clearance eligibility revocation
- ☐ Administrative withdrawal of access
- ☐ Administrative withdrawal or suspension of security clearance for cause

Per the reference, provide your initials indicating confirmation:

() I have returned all classified material in my possession.

() I am no longer eligible for access to classified material at Headquarters Marine Corps.

() I understand I am relieved of all COMSEC duties and have returned all COMSEC Equipment in my possession.

(Mark "N/A" if not applicable)

() I will comply with the provisions of the Classified Nondisclosure Agreement (SF312) requiring me to never divulge classified information, verbally, or in writing, to any unauthorized person or in judicial, quasi-judicial, or in administrative proceedings without first receiving written permission of DUSN PPOI.

() I understand there are severe penalties for disclosure.

() I will report to the NCIS (or to the FBI or nearest DoD component if no longer affiliated with the DON), without delay, any attempt by an unauthorized person to solicit classified information.

() I have read and understand the provisions of the Espionage Act of 7 May 1918 (printed on the reverse of this form).

() I have read and understand the provisions of the DEPSECDEF Memo for Departing DoD Personnel dtd 21 Oct 13 (provided to me).

() I understand that if I am transferring to the Fleet Marine Corps Reserve (FMCR) and will be entitled to receive retainer pay, I remain subject to the Uniform Code of Military Justice until I have reached my retirement date. (Mark "N/A" if not applicable)

() I have surrendered my Official U.S. Passport to the DoD Passport Office located at the

Pentagon (Room 2B289). (Mark "N/A" if not applicable)

Date

Print full name

Signature

SECURITY TERMINATION STATEMENT

COMMANDANT OF THE MARINE CORPS
3000 MARINE CORPS PENTAGON
WASHINGTON, DC 20350-3000

1. I HEREBY CERTIFY that I have returned to the Department of the Navy (DON) all classified material which I had in my possession in accordance with the directions contained in the DON Information and Personnel Security Program Regulations SECNAVINST 5510.36, the EKMS-1, CMS Policy and Procedures for Navy Electronic Key Management System Tiers 2 and 3, and EKMS-1 Supplement 1, CMS Policy and Procedures for Navy Electronic Key management System Legacy Accounts/Tier 2S.

2. I FURTHER CERTIFY that I no longer have any material containing classified information in my possession.

3. I shall not hereafter communicate or transmit classified information to any person or agency. I understand that the burden is upon me to ascertain whether or not information is classified and I agree to obtain the decision of the Chief of Naval Operations (CNO) or the CNO's authorized representative, on such matters prior to disclosing information which is or may be classified.

4. I will report to the Federal Bureau of Investigation or to the local Naval Criminal Investigative Service office without delay any incident wherein an attempt is made by an unauthorized person to solicit classified information.

5. I have been informed and am aware that Title 18 U.S.C. Sections 641, 793, 794, 798, 952 and 1924, as amended, and the Internal Security Act of 1950 prescribe severe penalties for unlawfully divulging information affecting the National Defense. I have been informed and am aware that the making of a willfully false statement herein renders me subject to trial as provided by Title 18 U.S.C. 1001.

6. I have/have not received an oral debriefing.

Signature of Witness:	Signature of Employee or Military Member:
Type or Print (Legibly) - Rank and Full Name of Witness:	Type or Print (Legibly) first, middle and last name of employee or service member. Include civilian grade or military rank/rate:
	Type or Print (Legibly) - Employee or Military Member's DoD EDI Number:
DATE: <input type="text"/>	DATE: <input type="text"/>