

To
Address

SECURITY DECLARATION

SECRET

1 PERSONAL DATA					
A	Last name				
	First name(s)		Sex		
	Former name(s)		female	inter	
			male	open	
			diverse	no indication	
B	Date of birth (DD/MM/YYYY)	Place of birth		Country of birth	
C	Nationality	Since:	Dual nationality		Since:
	Former nationality/nationalities				Until:
D	Marital status	Single	Married	Civil partnership	
		Divorced	Dissolution of civil partnership	Dissolution of civil partnership by death	Separated
				Widowed	
E	Social security number		Insurance company/companies (during the past twelve months)		
F	Main residence(s) and secondary residence(s) during the past five years (incl. foreign countries)				
	Country	Postcode	Street and house		from
					to
					DD/MM/YYYY
					DD/MM/YYYY
				DD/MM/YYYY	
				DD/MM/YYYY	

Stay(s) in a foreign country (of more than two months, during the past five years)					
Country	Postcode	Street and house number	Reason	from	to
				DD/MM/YYYY	DD/MM/YYYY
				DD/MM/YYYY	DD/MM/YYYY
				DD/MM/YYYY	DD/MM/YYYY
				DD/MM/YYYY	DD/MM/YYYY
G Father					
Last name					
First name(s)					
Former name(s)					
H Mother					
Last name					
First name(s)					
Former name(s)					
I Spouse / civil partner					
Last name					
First name(s)			Sex female inter male open diverse no indication		
Former name(s)					
Date of birth (DD/MM/YYYY)		Place of birth		Country of birth	
Nationality		Since:	Dual nationality		Since:
J Military Service					
			YES		NO
If yes, specify: Which body of troops / function? (For basic military service, name body of troops and time period only)					
from			to		
(DD/MM)/YYYY			(DD/MM)/YYYY		

K	Past employment (During the past five years – in chronological order, starting with most recent)				
		Name / location of company	Occupation	from	to
	1			DD/MM/YYYY	DD/MM/YYYY
	2			DD/MM/YYYY	DD/MM/YYYY
	3			DD/MM/YYYY	DD/MM/YYYY
	4			DD/MM/YYYY	DD/MM/YYYY
5			DD/MM/YYYY	DD/MM/YYYY	
2 CRIMINAL PROCEEDINGS					
A	Are you currently subject to criminal proceedings (including preliminary proceedings) for a criminal offence in Austria or abroad?				
	YES		NO		
	If yes, specify:	Competent court / public prosecutor's office / police authority			
		Nature of the offence			
		Corresponding reference number			
B	Have you ever been convicted for a criminal offence in Austria or abroad? You do not have to state convictions that have been erased from the criminal record.				
	YES		NO		
	If yes, specify:	Competent court			
		Nature of the offence			
		Corresponding reference number			
		Information on sentence			
C	Have you been subject to a preventive measure involving imprisonment imposed by a criminal court in Austria or abroad? You do not have to state measures that have been erased from the criminal record.				
	YES		NO		
	If yes, provide details on the measure and offence.				

D	Have you been subject to diversionary measures in the past five years? Measures according to § 6 of the Juvenile Court Act (JGG) and § 35 of the Narcotic Substances Act (SMG) must also be listed.		YES	NO
	If yes, specify:	Competent public prosecutor's office / court		
		Nature of the offence		
		Information on the diversionary measure (payment of a fine, community service, probation or victim-offender mediation)		
E	Have any preliminary proceedings against you been discontinued pursuant to § 191 or § 192 of the Code of Criminal Procedure (StPO) in the past three years?		YES	NO
	If yes, specify:	Competent public prosecutor's office / court		
		Nature of the offence		
3 ADMINISTRATIVE PROCEEDINGS				
A	Have you been prosecuted by an administrative authority pursuant to the provisions of the Explosive Substances Act 2010 in the past five years or are any such proceedings pending?		YES	NO
	If yes, name the competent authority, the nature of the offence and the outcome of the proceedings.			
B	Have you been prosecuted by an administrative authority pursuant to the provisions of the Weapons Act 1996 in the past five years or are any such proceedings pending?		YES	NO
	If yes, name the competent authority, the nature of the offence and the outcome of the proceedings.			
C	Are you currently subject to a valid weapons ban? (excluding § 5 para. 5 of the Civilian Service Act 1986)		YES	NO
	If yes, name the authority that imposed the weapons ban.			

D	Has your driving license been suspended in connection with any of the offences listed below in the past five years or are any such proceedings pending?					YES	NO	
					Specify the offence			
	PARTICULARLY RECKLESS BEHAVIOUR TOWARDS OTHER ROAD USERS (§ 99 para. 2 (c) of the Road Traffic Act (StVO))	REFUSAL TO TAKE BREATHALYSER TEST (§ 99 para. 1 (b) StVO in conjunction with § 5 para. 2 StVO)	REFUSAL TO APPEAR BEFORE THE POLICE MEDICAL OFFICER (§ 99 para. 1 (b) StVO in conjunction with § 5 para. 2 StVO)	REFUSAL OF BLOOD TEST (§ 99 para. 1 (c) StVO in conjunction with § 5 StVO)				
	DRIVING A VEHICLE UNDER THE INFLUENCE OF ALCOHOL (§ 99 para. 1 (a), para. 1a and para. 1b StVO in conjunction with § 5 para. 1 StVO)		DRIVING A VEHICLE UNDER THE INFLUENCE OF NARCOTIC SUBSTANCES (§ 99 para. 1b StVO in conjunction with § 5 para. 1 StVO)					
	RECORDABLE OFFENCES (within the meaning of § 30a of the Driving Licence Act (FSG))		EXCEEDING THE RESPECTIVE SPEED LIMIT (§ 99 para. 2e StVO, § 99 para. 2f StVO)					
Which authority suspended the driving licence and for how long (from – to)? If any such proceedings are pending, name the competent authority.								
E	Have you been prosecuted for any of the following administrative offences in the past five years or are any such proceedings pending?							
	1	Driving or operating a vehicle under the influence of alcohol or narcotic drugs; refusing a breathalyser test; refusing a blood test (§ 99 para. 1 to 1b StVO)					YES	NO
	If yes , name the competent authority.							
	2	Driving or operating a vehicle under the influence of alcohol with a blood alcohol level below 0.5 mg/100 ml (§ 37a FSG)					YES	NO
	If yes , name the competent authority.							
3	Driving a vehicle without a valid driving licence (§ 1 para. 3 in conjunction with § 37 para. 1, 3 or 4 FSG)					YES	NO	
If yes , name the competent authority.								
4	Hit-and-run or similar breach of the regulations regarding traffic accidents (§ 99 para. 2 or 3 (b) StVO)					YES	NO	
If yes , name the competent authority.								

5	Dissemination of National Socialist ideas as defined in article III para. 1 (4) of the Introductory Act to the Laws of Administrative Proceedings (EGVG), use of prohibited symbols within the meaning of the Act on the Use of Symbols (§ 3 para. 1 of the Act on the Use of Symbols) or openly carrying, exhibiting, depicting or disseminating insignia, uniforms or uniform parts of an organisation prohibited in Austria (§ 3 para. 1 of the Act on the Use of Insignia 1960)	YES	NO
If yes, name the competent authority.			
6	Disruption of public order (§ 81 of the Security Police Act (SPG))	YES	NO
If yes, name the competent authority.			
7	Aggressive behaviour towards a law enforcement officer or towards military organs on guard duty (§ 82 SPG)	YES	NO
If yes, name the competent authority.			
8	Administrative offence pursuant to § 84 para. 1, 1a or 1b SPG or § 17e of the State Protection and Intelligence Service Act (SNG) (in particular, infringement of a prohibition of entry order or a prohibition of approach order, failure to comply with an obligation to appear, failure to comply with/disturbing/impeding preventive instructions)	YES	NO
If yes, name the competent authority.			
4	TIES TO EXTREMIST OR VIOLENT GROUPS OR ORGANISATIONS		
A	Do or did you have a close relationship to a group or organisation with a propensity to commit criminal offences with ideological or religious motives?	YES	NO
I would like to discuss this in person			
If yes, specify if it was official or private, the date or period of time and the nature of the relationship.			
B	Do or did you have a close relationship to a group or organisation with a propensity to commit any other acts of violence?	YES	NO
I would like to discuss this in person			
If yes, specify if it was official or private, the date or period of time and the nature of the relationship.			
5	TIES TO INTELLIGENCE SERVICES (SECRET SERVICES)		
A	Do or did you knowingly have contact with foreign intelligence services (secret services)?	YES	NO
I would like to discuss this in person			
If yes, specify the intelligence service (secret service), if it was official or private, the date or period of time and the nature of the contact.			

9 HAVE YOU ALREADY BEEN SUBJECT TO A SECURITY VETTING?

YES	NO
-----	----

If **yes**, by which authority and when?

10 DECLARATION OF CONSENT AND CONFIRMATION OF CORRECTNESS AND COMPLETENESS

I consent to the verification of the above information and to the transmission of the verification result to the requesting authority or company. I confirm the correctness and completeness of the information I provided.

Signature (handwritten or electronic signature) / place / date

! CONTACT DETAILS (in case further information is required: phone number and e-mail address)

11 DECLARATION OF CONSENT BY PARENT OR LEGAL GUARDIAN

I consent to the verification of the above statements made by my underage son / my underage daughter and to the transmission of the verification result to the requesting authority or company.

Signature (handwritten or electronic signature) / place / date

12 ATTACHMENT (COPY OF IDENTITY DOCUMENT)

	Document number	Date of issue	Issuing authority
Passport			
Identity card			