

To
Address

SECURITY DECLARATION

REFERENCE PERSON – TOP SECRET – PURSUANT TO § 55A PARA. 2 (5) SPG

I live with

in a shared household:

1 PERSONAL DATA					
A	Last name				
	First name(s)		Sex		
	Former name(s)		female	male	inter
			diverse	open	no indication
B	Date of birth (DD/MM/YYYY)	Place of birth		Country of birth	
C	Nationality	Since:	Dual nationality		Since:
	Former nationality/nationalities				To:
D	Marital status	Single	Married	Civil partnership	
		Divorced	Dissolution of civil partnership	Dissolution of civil partnership by death	Cohabitation
				Separated	Widowed
E	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
				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)					
	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
F	Father				
	Last name				
	First name(s)				
	Former name(s)				
G	Mother				
	Last name				
	First name(s)				
	Former name(s)				
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	<p>Have you been prosecuted in the past five years for 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) or are any such proceedings pending?</p> <p style="text-align: right;">YES NO</p>
	<p>If yes, name the competent authority.</p>

4 TIES TO EXTREMIST OR VIOLENT GROUPS OR ORGANISATIONS

A	<p>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?</p> <p style="text-align: center;">YES NO I would like to discuss this in person</p>
	<p>If yes, specify if it was official or private, the date or period of time and the nature of the relationship.</p>

B	<p>Do or did you have a close relationship to a group or organisation with a propensity to commit any other acts of violence?</p> <p style="text-align: center;">YES NO I would like to discuss this in person</p>
	<p>If yes, specify if it was official or private, the date or period of time and the nature of the relationship.</p>

5 TIES TO INTELLIGENCE SERVICES (SECRET SERVICES)

A	<p>Do or did you knowingly have contact with foreign intelligence services (secret services)?</p> <p style="text-align: center;">YES NO I would like to discuss this in person</p>
	<p>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.</p>

B	<p>Have you ever been approached in a way that suggested that a foreign intelligence service was trying to establish an intelligence-related relationship?</p> <p style="text-align: center;">YES NO I would like to discuss this in person</p>
	<p>If yes, specify the intelligence service (secret service), if it was official or private, the date or period of time as well as the nature of the approach.</p>

**6 ADDITIONAL INFORMATION (IF RELEVANT FOR THE SECURITY DECLARATION)
PLEASE STATE THE REFERENCE POINT**

6	<p>PLEASE STATE THE REFERENCE POINT</p>
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7	HAVE YOU ALREADY BEEN SUBJECT TO A SECURITY VETTING?		
	YES	NO	
	If yes , by which authority and when?		
8	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)		
9	ATTACHMENT (COPY OF IDENTITY DOCUMENT)		
	Document number	Date of issue	Issuing authority
Passport			
Identity card			