

Security Awareness Contractor / Affiliate Personnel Security Certification Employment Network (EN) Addendum

Purpose: This form is to be signed by the Signatory Authority or Suitability Contact to certify that all staff listed on this form have received, signed, and understand SSA’s Security Awareness Certification requirements in Form SSA-222.

I certify that all staff listed below have read, understands, and agrees to the information contained on Form SSA-222. A signed copy of form SSA-222 will be kept on file at my organization for all staff listed on this form.

Employee Name (Print/Type)	TTW Program Start Date (MM/DD/YY)	Job Title (Print/Type)	Date (MM/DD/YY)
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Name (Print/Type)	Phone Number
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Signature (Sign)	Date (MM/DD/YY)
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Contract Number	Company Name (Print/Type)
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