

Photo of applicant

Form completed by person applying for access to state secret classified as top secret, secret or confidential

Please respond to all the questions and if the response is negative, please state so. If any of the answers cannot be supplied in the field provided in the form, please use an additional blank sheet of paper as a continuation sheet.

I. Personal data

1. Name:

(given name(s) and surname(s))

2. Date of birth:

(day, month, year)

3. Place of birth:

(state, county, rural municipality, city)

4. Personal identification code

5. Previous names

1) _____

(name; period during which the name was used - month, year; cause of name change)

2) _____

(name; period during which the name was used - month, year; cause of name change)

3) _____

(name; period during which the name was used - month, year; cause of name change)

6. Telephone numbers

Indicate all telephone numbers used by you.

Work: _____ Home: _____

(with area code) (with area code)

Mobile: _____ Other: _____

(with area code)

Personal e-mail addresses used by you: _____

7. Citizenship

Mark an "x" to indicate your current citizenship and follow further instructions.

- | | |
|--|-----------------------------|
| I am an Estonian citizen by birth | Answer question a |
| I am an Estonian citizen but not by birth | Answer questions b, c and d |
| I am (have been) also a citizen of another state | Answer questions c and d |
| I am not an Estonian citizen | Answer question d |

a) Estonian passports and identity card

Passport:

(number, date of issue, date of expiry and issuer of passport)

Identity card:

(number, date of issue, date of expiry and issuer of identity card)

b) bases of acquisition of Estonian citizenship:

(date and basis for acquisition of citizenship)

c) Citizenship of other states

If you are or were a citizen of another state in addition to being a citizen of Estonia, what citizenship you have or had? Specify below.

(state)

d) If you are not an Estonian citizen or if are or were a citizen of another state in addition to being a citizen of Estonia, respond to the following questions

- When did you arrive in Estonia? _____

(date)

- When do you intend to leave Estonia?

(date)

- What is the purpose of your stay in Estonia?

-
- What citizenship do you have?

-
- Please specify your passport data

(number, date of issue, date of expiry and issuer of passport)

8. Residences

List your residences during the last 7 years in order, starting with your current residence

1) / _____ up to _____ / _____

(month, year) (month, year) (city/county, street, house, apartment, postal code)

2) / _____ up to _____ / _____

(month, year) (month, year) (city/county, street, house, apartment, postal code)

3) / _____ up to _____ / _____

(month, year) (month, year) (city/county, street, house, apartment, postal code)

4) / _____ up to _____ / _____

(month, year) (month, year) (city/county, street, house, apartment, postal code)

5) / _____ up to _____ / _____

(month, year) (month, year) (city/county, street, house, apartment, postal code)

6) / _____ up to _____ / _____

(month, year) (month, year) (city/county, street, house, apartment, postal code)

9. Postal address

Specify your postal address if it is not the address of your actual residence.

(state, county, rural municipality, city, street, house, apartment, postal code, post-office box number)

II. Family and acquaintances

10. Marital status

Indicate your current marital status and indicate the data of your spouse/cohabitee (previous spouses, cohabitee) below:

Single

Divorced

Cohabiting

Sustainable relationship

Married

Separated

Widow/widower

a) spouse/cohabitee

• Name:

• Date and place of birth:

• Personal identification code::

• Nationality:

• Previous names:

• Date of marriage/beginning of cohabitation:

• Residence of spouse/cohabitee, if you do not live at the same address, and telephone number:

(city/county, street, house, apartment)

(telephone number)

• place of work and position of spouse/cohabitee, and telephone number:

b) previous spouse/cohabitee (previous spouses/cohabitees)

1) Name:

Date and place of birth:

Nationality:

Date of marriage and place of registration (state, city):

Reason for ending marriage/cohabitation (mark with an "x")

Divorce

Death of spouse

Other reason

Date of end of marriage and place of registration of divorce (state, city):

Current residence of previous spouse/cohabitee, and telephone number (if it is known to you):

(city/county, street, house, apartment)

2) Name:

Date and place of birth:

Nationality:

Date of marriage and registration (state, city):

Reason for ending marriage/cohabitation (mark with an "x")

Date of end of marriage and place of registration of divorce (state, city):

Current residence of previous spouse/cohabitee, and telephone number (if it is known to you):

(city/county, street, house, apartment)

11. Relatives and relatives by marriage

Your parents (also foster-parents), children (also foster-children), brothers and sisters; parents, sisters, brothers and children (if they are not your children and are not foster-children) of your spouse/cohabitee; persons under your guardianship or curatorship).

. If any of the above-named are dead, please also indicate the year of their death in the date of birth section.

Given name and	Relationship	Date of birth or	Place of birth	Residence
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Job and position;

Please state other persons whom you deem necessary to point out or who may prove essential to the security check.

Name Circumstances

- 1)
- 2)
- 3)

III. Education

13. Education beginning with primary education (including military education, education acquired abroad and unfinished education)

1) / _____ up to _____ / _____
(month, year) (month, year) (name of school)

Location of school:

Acquired education/degree/unfinished studies:

Courses studied/speciality:

2) / _____ up to _____ / _____
(month, year) (month, year) (name of school)

Location of school:

Acquired education/degree/unfinished studies:

Courses studied/speciality:

3) / _____ up to _____ / _____
(month, year) (month, year) (name of school)

Location of school:

Acquired education/degree/unfinished studies:

Courses studied/speciality:

4) / _____ up to _____ / _____

(month, year) (month, year) (name of school)

Location of school:

Acquired education/degree/unfinished studies:

Courses studied/speciality:

14. In-service training during the past 7 years if the training took place outside of the Members States of the EU and NATO

1) / _____ up to _____ / _____

(month, year) (month, year) (state, training provider, topic of training)

2) / _____ up to _____ / _____

(month, year) (month, year) (state, training provider, topic of training)

3) / _____ up to _____ / _____

(month, year) (month, year) (state, training provider, topic of training)

15. Language skills

1 - poor; 2 - fair; 3 - good; 4 - very good; 5 - proficient;

6 - mother tongue

Language heard spoken read written

IV. Professional activities

16. Previous professional activities (including in foreign states)

Indicate, in chronological order, all the places where you have worked (including contractual active service in the Defence Forces, second jobs, contracts with other employers, etc.).

Indicate the name of your immediate superior if it is known to you.

1) / _____ up to _____ / _____

(month, year) (month, year) (name of employer)

Address (state, city) and telephone number (with area code) of employer:

Address of workplace (if different from address of employer):

/ _____ up to _____ / _____

(month, year) (month, year) (position and name of direct superior)

/ _____ up to _____ / _____

(month, year) (month, year) (position and name of direct superior)

/ _____ up to _____ / _____

(month, year) (month, year) (position and name of direct superior)

Reason for leaving work:

2) / _____ up to _____ / _____

(month, year) (month, year) (name of employer)

Address (state, city) and telephone number (with area code) of employer

Address of workplace (if different from address of employer):

/ _____ up to _____ / _____

(month, year) (month, year) (position and name of direct superior)

/ _____ up to _____ / _____

(month, year) (month, year) (position and name of direct superior)

/ _____ up to _____ / _____

(month, year) (month, year) (position and name of direct superior)

Reason for leaving work:

3) / _____ up to _____ / _____

(month, year) (month, year) (name of employer)

Address (state, city) and telephone number (with area code) of employer

Address of workplace (if different from address of employer):

/ _____ up to _____ / _____

(month, year) (month, year) (position and name of direct superior)

/ _____ up to _____ / _____

(month, year) (month, year) (position and name of direct superior)

/ _____ up to _____ / _____

(month, year) (month, year) (position and name of direct superior)

Reason for leaving work:

4) / _____ up to _____ / _____

(month, year) (month, year) (name of employer)

Address (state, city) and telephone number (with area code) of employer

Address of workplace (if different from address of employer):

/ _____ up to _____ / _____

(month, year) (month, year) (position and name of direct superior)

/ _____ up to _____ / _____

(month, year) (month, year) (position and name of direct superior)

/ _____ up to _____ / _____

(month, year) (month, year) (position and name of direct superior)

Reason for leaving work:

5) / _____ up to _____ / _____

(month, year) (month, year) (name of employer)

Address (state, city) and telephone number (with area code) of employer

Address of workplace (if different from address of employer):

/ _____ up to _____ / _____

(month, year) (month, year) (position and name of direct superior)

/ _____ up to _____ / _____

(month, year) (month, year) (position and name of direct superior)

/ _____ up to _____ / _____

(month, year) (month, year) (position and name of direct superior)

Reason for leaving work:

6) / _____ up to _____ / _____

(month, year) (month, year) (name of employer)

Address (state, city) and telephone number (with area code) of employer

Address of workplace (if different from address of employer):

/ _____ up to _____ / _____

(month, year) (month, year) (position and name of direct superior)

/ _____ up to _____ / _____

(month, year) (month, year) (position and name of direct superior)

/ _____ up to _____ / _____

(month, year) (month, year) (position and name of direct superior)

Reason for leaving work:

17. Military service (also abroad)

Mark an "x" in the appropriate box (this questions does not pertain to contractual active service)

Yes/No

- 1) Have you served military service? Answer question a
- 2) Have you served alternative service? Answer question b
- 3) Have you participated in training/training exercises for reservists during the last five years? Answer question a

a) Name, number and location of military unit

Period of service

(month, year)

Service

Rank

Speciality

b) Place of alternative service

Period of service (month, year)

V. Contacts with foreign states

18. Contacts

Mark an "x" in the appropriate box.

Yes/No

a) Have you ever had contacts with a representative of a government, embassy or consulate of a foreign state, whether within or outside the territory of the Republic of Estonia, for any other reason than the official interests of the Republic of Estonia ? (Except for contacts concerning visa applications and crossing borders)?

b) Do you have assets, business contacts or financial interests in a foreign state?

c) Are you currently or have you ever been employed as a consultant in a government agency, company or organisation of a foreign state, or are you currently acting or have you acted in such role?

d) Have you ever had any contact with intelligence services of foreign states? (including the USSR)

If you answered "yes" to any of the above questions, provide an explanation in the following table.

Letter

Period (month/year)

State, company/agency/organisation

Explanation

19. Visits abroad

List, in chronological order, the foreign states you have visited in the last ten years.

Use the following codes to designate the purpose of the trip:

1 - placement 2 - tourism 3 - study 4 - other purpose

Period (month/year)

Code

Country

Period (month/year)

Code

Country

1)

6)

2)

7)

3)

8)

4)

9)

5)

10)

VI. Other relevant information

20. Participation in associations/organisations

Set out all associations (including companies), organisations, political parties (also in foreign states in which you are currently participating or have participated in the past, including engaging in entrepreneurship as a self-employed person.

Association, organisation, political party or other

Location

Time of joining/leaving/start of engaging in entrepreneurship

Your status

1)

2)

3)

4)

5)

6)

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21. Health and lifestyle

Mark an "x" in the appropriate box

Yes No

Have you ever consulted a psychiatrist or psychologist? Answer question a

Have you ever had problems resulting from the abuse of alcohol (at work, at a public place, problems with health)? Answer question b

Have you ever tried narcotics or psychotropic substances? Answer question b

Do you currently use narcotics or psychotropic substances? Answer question b

Do you or have you ever gambled? Answer question b

a) If you answered yes, please give detail, indicating the name of the health care institution or consultation service provider

Time of treatment or consultation (month/year)

Description

b) If you answered yes, please give details

Period (month/year)

Description

22. Punishments

Mark an "x" in the appropriate box

Yes/No

1) Have you been punished under disciplinary procedure? Answer question a

2) Have you been punished under administrative or misdemeanour procedure? Answer question b

3) Have you been punished under criminal procedure? Answer question c

4) Have you been detained during criminal proceedings or have preventive measures been applied in respect of you? Answer question d

5) Have you participated in criminal proceedings as a suspect, accused or accused at trial? Answer question d

6) Have you been registered with the Juvenile Police or the committee for matters regarding minors?

Answer question d

a) The authority or other legal person who imposed the punishment

Time of imposition of punishment (month/year)

Basis

What kind of punishment was imposed?

1)

2)

3)

b) Authority which imposed the punishment

Time of imposition of punishment (month/year)

Basis

Type and term/category of punishment

1)

2)

3)

c) name of court

Time of imposition of punishment (day/month/year)

Type and term/category of punishment

Criminal offence committed

Place punishment served

d) When? (month/year) Where? Under which circumstances?

1)

2)

3)

23. Financial status

Mark an "x" in the appropriate box

Yes/No

1) Do you own immovable property, including joint property and common ownership (including buildings, parts thereof and apartments which are to be entered in the land register)? Answer question a

2) Do you own shares, units or other securities (except for units of pension funds)? Answer question b

3) Do you have financial obligation in an amount exceeding your one months' salary? (including leases, credit cards, debts to private persons, rapid loans, etc.? Also specify if you are a co-applicant for a loan or providing surety for a loan of another person) Answer question c

4) Do you have any other sources of income in addition to the salary received from your principal job? Answer question d

5) Do you own any registered vehicles? (set out also the vehicles that you are using based on authorisation or a lease contract) Answer question c

6) Have you granted anybody a loan within the past five years in an amount exceeding your one months' salary? Answer question f

7) Do you have pending civil disputes? Answer question g

a) Description of immovable property

Address of location of immovable

Name of immovable property

cadastral code of the cadastral unit

1)

2)

3)

4)

5)

b) Name of issuer of share or unit

Type

Quantity

market value (in kroons)

1)

2)

3)

4)

5)

c) 1) Nature of financial obligation:

Bank or other person who gave the loan:

Amount of loan and interest rate:

Amount of monthly reimbursement:

Term of loan:

2) Nature of financial obligation:

Bank or other person who gave the loan:

Amount of loan and interest rate:

Amount of monthly reimbursement:

Term of loan:

3) Nature of financial obligation:

Bank or other person who gave the loan:

Amount of loan and interest rate:

Amount of monthly reimbursement:

Term of loan:

4) Nature of financial obligation:

Bank or other person who gave the loan:

Amount of loan and interest rate:

Amount of monthly reimbursement:

Term of loan:

d) Additional sources of income (describe)

1) _____

2) _____

3) _____

4) _____

e) Type of means of transport

Make

Year of production

Registration number

Name of owner

1)

2)

3)

f) 1) Name or title of recipient of loan

Amount of loan:

Term of loan:

2) Name or title of recipient of loan

Amount of loan:

Term of loan:

3) Name or title of recipient of loan

Amount of loan:

Term of loan:

G) Name of court

Content of summations and/or number of case

Counterparty (counterparties) of dispute

1)

2)

3)

24. Bank accounts (including accounts for funded pensions)

Bank (name and location)

Account number, currency

1)

2)

3)

4)

25. Weapons permit or parallel weapons permit

Authority who issued permit

Date of issue of permit

Weapon number

Make of weapon

In the case of a parallel weapons permit, the owner of the weapon

1)

2)

3)

26. Hobbies and special interests (describe)

1) _____

2) _____

3) _____

4) _____

VII. Information regarding application

27. Have you previously had applied for or had access to a state secret?

If you answered yes, please give details.

Period of having access

(month/year)

To what level of classification of state secrets you had access?

For what reason did you need a Personnel Security Clearance/right of access?

1)

2)

3)

28. In addition to the Personnel Security Clearance, do you also need a Personnel Security Clearance Certificate for

access to classified information of foreign states?

Yes/No

If yes, please specify the issuer of the classified information of a foreign state and the level of classified information of a foreign state to which you need a Personnel Security Clearance Certificate:

VIII. Other circumstances or explanations

Other circumstances or explanations which you consider significant:

(day, month, year) (signature of applicant)

Rein Lang

Minister of Justice