



# ILO REGISTRATION FORM

## CONTACT INFORMATION:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email (Organizational Email Only): \_\_\_\_\_

## COMPANY / ORGANIZATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_

## INFRAGARD MEMBERSHIP

Currently an Infragard Member?  Yes  No

Infragard Chapter Name: \_\_\_\_\_

Infragard Membership #: \_\_\_\_\_

## SECURITY CLEARANCE

Do you have a Security Clearance?:  Yes  No

If Yes: SECRET TOP SECRET N/A

Cleared Through: FBI DOD DHS N/A OTHER \_\_\_\_\_

**BACKGROUND INFORMATION**

Have you ever been convicted of felony? Yes    No

Have you been convicted of misdemeanor in the last 7 years? Yes    No

(if yes describe below)

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Are you a U.S. Citizen or Legal Permanent Resident? Yes    No

**DESCRIPTION OF FACILITY OR NATURE OF BUSINESS**

\* Description is required to substantiate the need for inclusion in the NDSLIC

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Required Select "Other" if not applicable

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|-------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Food and Agriculture   | <input type="checkbox"/> Dams                         | <input type="checkbox"/> Information Technology               |
| <input type="checkbox"/> Financial Services     | <input type="checkbox"/> Defense Industrial Base      | <input type="checkbox"/> Nuclear Reactors Materials and Waste |
| <input type="checkbox"/> Commercial Facilities  | <input type="checkbox"/> Emergency Services           | <input type="checkbox"/> Transportation Systems               |
| <input type="checkbox"/> Chemical               | <input type="checkbox"/> Energy                       | <input type="checkbox"/> Water and Wastewater Systems         |
| <input type="checkbox"/> Communications         | <input type="checkbox"/> Healthcare And Public Health |                                                               |
| <input type="checkbox"/> Critical Manufacturing | <input type="checkbox"/> Government Facilities        |                                                               |

Other Sector (please specify)

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me from inclusion in the NDSLIC ILO Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_