

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 understands SSA’s Security Awareness Training requirements 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)	Date (DD/MM/YY)
Employee Name (Print/Type)	Date (DD/MM/YY)
Employee Name (Print/Type)	Date (DD/MM/YY)
Employee Name (Print/Type)	Date (DD/MM/YY)
Employee Name (Print/Type)	Date (DD/MM/YY)
Employee Name (Print/Type)	Date (DD/MM/YY)
Employee Name (Print/Type)	Date (DD/MM/YY)
Employee Name (Print/Type)	Date (DD/MM/YY)

Name (Print/Type)	Phone Number
Signature (Sign)	Date (DD/MM/YY)
Contract Number	Company Name (Print/Type)