

DEPARTMENT OF DEFENSE CONTRACT SECURITY CLASSIFICATION SPECIFICATION <i>(The requirements of the DoD Industrial Security Manual apply to all security aspects of this effort.)</i>				1. CLEARANCE AND SAFEGUARDING			
				a. FACILITY CLEARANCE REQUIRED <div style="text-align: center; font-weight: bold;">SECRET</div>			
				b. LEVEL OF SAFEGUARDING REQUIRED <div style="text-align: center; font-weight: bold;">SECRET</div>			
2. THIS SPECIFICATION IS FOR: <i>(X and complete as applicable)</i>			3. THIS SPECIFICATION IS: <i>(X and complete as applicable)</i>				
<input checked="" type="checkbox"/>	a. PRIME CONTRACT NUMBER <div style="text-align: center;">F29651-99-C9000</div>			a. ORIGINAL <i>(Complete date in all cases)</i> DATE (YYYYMMDD) <div style="text-align: center;">1999/10/01</div>			
	b. SUBCONTRACT NUMBER		<input checked="" type="checkbox"/>	b. REVISED <i>(Supersedes all previous specs)</i> REVISION NO. <div style="text-align: center;">1</div> DATE (YYYYMMDD) <div style="text-align: center;">2005/04/28</div>			
	c. SOLICITATION OR OTHER NUMBER DUE DATE (YYYYMMDD)			c. FINAL <i>(Complete Item 5 in all cases)</i> DATE (YYYYMMDD)			
4. IS THIS A FOLLOW-ON CONTRACT?							
		<input type="checkbox"/> YES	<input type="checkbox"/> NO. If Yes, complete the following:				
Classified material received or generated under <u>F44650-94-D0011</u> <i>(Preceding Contract Number)</i> is transferred to this follow-on contract.							
5. IS THIS A FINAL DD FORM 254?							
		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO. If Yes, complete the following:				
In response to the contractor's request dated _____, retention of the classified material is authorized for the period of _____							
6. CONTRACTOR <i>(Include Commercial and Government Entity (CAGE) Code)</i>							
a. NAME, ADDRESS, AND ZIP CODE DTS Aviation Services, Inc. 6500 West Freeway Suite 513 Fort Worth, TX. 76116		b. CAGE CODE 3X8T4		c. COGNIZANT SECURITY OFFICE <i>(Name, Address, and Zip Code)</i> Defense Security Service Southwest Regional Hq. 5800 E. Campus Circle, Suite 110A Irving, Tx. 75063-2739			
7. SUBCONTRACTOR							
a. NAME, ADDRESS, AND ZIP CODE		b. CAGE CODE		c. COGNIZANT SECURITY OFFICE <i>(Name, Address, and Zip Code)</i>			
8. ACTUAL PERFORMANCE							
a. LOCATION See Item 13		b. CAGE CODE		c. COGNIZANT SECURITY OFFICE <i>(Name, Address, and Zip Code)</i>			
9. GENERAL IDENTIFICATION OF THIS PROCUREMENT							

10. CONTRACTOR WILL REQUIRE ACCESS TO:							
	YES	NO					
a. COMMUNICATIONS SECURITY (COMSEC) INFORMATION		<input checked="" type="checkbox"/>					
b. RESTRICTED DATA		<input checked="" type="checkbox"/>					
c. CRITICAL NUCLEAR WEAPON DESIGN INFORMATION		<input checked="" type="checkbox"/>					
d. FORMERLY RESTRICTED DATA		<input checked="" type="checkbox"/>					
e. INTELLIGENCE INFORMATION		<input checked="" type="checkbox"/>					
(1) Sensitive Compartmented Information (SCI)		<input checked="" type="checkbox"/>					
(2) Non-SCI		<input checked="" type="checkbox"/>					
f. SPECIAL ACCESS INFORMATION		<input checked="" type="checkbox"/>					
g. NATO INFORMATION		<input checked="" type="checkbox"/>					
h. FOREIGN GOVERNMENT INFORMATION		<input checked="" type="checkbox"/>					
i. LIMITED DISSEMINATION INFORMATION		<input checked="" type="checkbox"/>					
j. FOR OFFICIAL USE ONLY INFORMATION	<input checked="" type="checkbox"/>						
k. OTHER <i>(Specify)</i>							
11. IN PERFORMING THIS CONTRACT, THE CONTRACTOR WILL:							
		YES			NO		
a. HAVE ACCESS TO CLASSIFIED INFORMATION ONLY AT ANOTHER CONTRACTOR'S FACILITY OR A GOVERNMENT ACTIVITY					<input checked="" type="checkbox"/>		
b. RECEIVE CLASSIFIED DOCUMENTS ONLY			<input checked="" type="checkbox"/>				
c. RECEIVE AND GENERATE CLASSIFIED MATERIAL					<input checked="" type="checkbox"/>		
d. FABRICATE, MODIFY, OR STORE CLASSIFIED HARDWARE					<input checked="" type="checkbox"/>		
e. PERFORM SERVICES ONLY			<input checked="" type="checkbox"/>				
f. HAVE ACCESS TO U.S. CLASSIFIED INFORMATION OUTSIDE THE U.S., PUERTO RICO, U.S. POSSESSIONS AND TRUST TERRITORIES					<input checked="" type="checkbox"/>		
g. BE AUTHORIZED TO USE THE SERVICES OF DEFENSE TECHNICAL INFORMATION CENTER (DTIC) OR OTHER SECONDARY DISTRIBUTION CENTER					<input checked="" type="checkbox"/>		
h. REQUIRE A COMSEC ACCOUNT					<input checked="" type="checkbox"/>		
i. HAVE TEMPEST REQUIREMENTS					<input checked="" type="checkbox"/>		
j. HAVE OPERATIONS SECURITY (OPSEC) REQUIREMENTS					<input checked="" type="checkbox"/>		
k. BE AUTHORIZED TO USE THE DEFENSE COURIER SERVICE					<input checked="" type="checkbox"/>		
l. OTHER <i>(Specify)</i>							

12. PUBLIC RELEASE. Any information (classified or unclassified) pertaining to this contract shall not be released for public dissemination except as provided by the Industrial Security Manual or unless it has been approved for public release by appropriate U.S. Government authority. Proposed public releases shall be submitted for approval prior to release Direct Through (Specify)

to the Directorate for Freedom of Information and Security Review, Office of the Assistant Secretary of Defense (Public Affairs)* for review.
 *In the case of non-DoD User Agencies, requests for disclosure shall be submitted to that agency.

13. SECURITY GUIDANCE. The security classification guidance needed for this classified effort is identified below. If any difficulty is encountered in applying this guidance or if any other contributing factor indicates a need for changes in this guidance, the contractor is authorized and encouraged to provide recommended changes; to challenge the guidance or the classification assigned to any information or material furnished or generated under this contract; and to submit any questions for interpretation of this guidance to the official identified below. Pending final decision, the information involved shall be handled and protected at the highest level of classification assigned or recommended. (Fill in as appropriate for the classified effort. Attach, or forward under separate correspondence, any documents/guides/extracts referenced herein. Add additional pages as needed to provide complete guidance.)

Ref 8: HOST SECURITY ACTIVITY 9 SFS/SFAI 49 SFS/SFAI 509 SFS/SFAI	INSTALLATION AND ZIP CODE Beale AFB, CA. 95903-5000 Holloman AFB, NM. 88330-8032 Whiteman AFB, MO. 65305-5000
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Ref: 11b: Contractor will receive classified documents for reference only; however if any classified information is generated in performance of this contract, it shall be derivatively classified and marked consistent with the source material. (Reference applicable security classification guide)

Ref 11e: At Beale and Whiteman AFB, actual knowledge of, generation, or production of classified information is not required for performance of the contract. Cleared personnel are required to perform this service because security measures which are in force do not preclude access to classified information. At Holloman AFB, actual knowledge of classified information is required.

Contractor will comply with the provisions of DOD 5220.22M, "National Industrial Security Program Operating Manual (NISPOM)" and AFI 31-601, "Industrial Security Program Management." Foreign participation is prohibited at the prime contractor level for subject solicitation.

14. ADDITIONAL SECURITY REQUIREMENTS. Requirements, in addition to ISM requirements, are established for this contract. Yes No
 (If Yes, identify the pertinent contractual clauses in the contract document itself, or provide an appropriate statement which identifies the additional requirements. Provide a copy of the requirements to the cognizant security office. Use Item 13 if additional space is needed.)

Provide the information requested by the Notification of Government Security Activity Clause, AFFARS 5352.204.9000, and Visitors Group Security Agreements Clause, AFFARS 5352.204.9001 to the Servicing Security Activity addresses in Block 13 of this form. Refer to the contract document for these clauses. A Long Term Visitor Group Security Agreement will be executed

15. INSPECTIONS. Elements of this contract are outside the inspection responsibility of the cognizant security office. Yes No
 (If Yes, explain and identify specific areas or elements carved out and the activity responsible for inspections. Use Item 13 if additional space is needed.)

9 SFS/SFAI, 49 SPS/SFSI, 509 SFS/SFAI will perform security inspections of the contractors activity at each location.

16. CERTIFICATION AND SIGNATURE. Security requirements stated herein are complete and adequate for safeguarding the classified information to be released or generated under this classified effort. All questions shall be referred to the official named below.

a. TYPED NAME OF CERTIFYING OFFICIAL MSgt. MARCUS MASON	b. TITLE CONTRACTING OFFICER	c. TELEPHONE (Include Area Code) (505) 572-3575
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d. ADDRESS (Include Zip Code)
 49th Contracting Squadron
 1210 Forty Niner Avenue
 Holloman AFB, NM. 88330

e. SIGNATURE


17. REQUIRED DISTRIBUTION

<input checked="" type="checkbox"/>	a. CONTRACTOR
<input type="checkbox"/>	b. SUBCONTRACTOR
<input checked="" type="checkbox"/>	c. COGNIZANT SECURITY OFFICE FOR PRIME AND SUBCONTRACTOR
<input type="checkbox"/>	d. U.S. ACTIVITY RESPONSIBLE FOR OVERSEAS SECURITY ADMINISTRATION
<input checked="" type="checkbox"/>	e. ADMINISTRATIVE CONTRACTING OFFICER
<input checked="" type="checkbox"/>	f. OTHERS AS NECESSARY