APPENDIX TO DEPARTMENT OF DEFENSE SECURITY AGREEMENT

OMB No. 0704-0194 OMB approval expires 20251231

PLEASE DO NOT RETURN YOUR FORM TO THE ORGANIZATION IN THE PARAGRAPH BELOW. RETURN COMPLETED FORM TO YOUR RESPECTIVE COGNIZANT SECURITY OFFICE.

The public reporting burden for this collection of information is estimated to average 13 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

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It is further agreed, on this	day of	, b	y and between the United States of America	
through the Defense Counterintelligence	and Security Agency, ac	cting for the Department of Defens	e, hereinafter called the Government, and	
		which has entered into the Secu	urity Agreement to which this appendix	
is made a part that the branches and/or fa	acilities listed below, ow	 ned and/or operated by said contra	actor are included in and covered by the	
provisions of the said Security Agreement	, and Certificate Pertair	ning to Foreign Interests, Standard	Form 328.	
NAME OF PLANT OR FACILITY NUMBER A		AND STREET ADDRESS	CITY AND STATE	
THE UNITED STATES OF AMERICA		CONTRACTOR (Typed N	CONTRACTOR (Typed Name)	
BY (Signature of Government Representative)				
		BY (Signature of Authoriz	BY (Signature of Authorized Contractor Representative)	
AUTHORIZED REPRESENTATIVE OF THE GOVERNMENT (Typed Name of Government Agency)		TITLE (of Authorized Con	TITLE (of Authorized Contractor Representative)	
		ADDRESS		