



Date

Contact at Svenska kraftnät

Axel Eklund

Print form

Reset form

Sender (The agency/company that request/decrees the security screening) <b>Forsmarks Kraftgrupp AB</b>	
Administrator to be contacted after completed security screening (name) <b>Monica Andersson</b>	Phone number (including area code) <b>+46 705 282 053</b>
Administrator to be contacted after security screening (e-mail) <b>moj@forsmark.vattenfall.se</b>	Record number (optional)
Contact at Svenska kraftnät (in case of employment/assignment at SvK)	

- Security class 1 + Appendix
- Security class 2 + Appendix
- Security class 3
- Security protected procurement
- 14 § Protection against terrorism

*To be filled in by the Swedish Security Service*

--	--	--	--	--	--	--	--	--	--

Fill in the form by computer and send to:

Forsmarks Kraftgrupp AB  
Tillträdesfunktionen  
742 03 Östhammar

Mail: [tilltradesfunktionen-gi@forsmark.vattenfall.se](mailto:tilltradesfunktionen-gi@forsmark.vattenfall.se)**Personal Data**

D.O.B. or Swedish personal identity number		Surname		All first names	
Occupation/Title post approved security screening		Current citizenship (country/countries)		Previous citizenship (country/countries)	
Distribution address		Postcode	City		Mobile phone number
Employing company					<input type="checkbox"/> Re-screening
<input checked="" type="checkbox"/> Consent in accordance with 19§ Security Protection Act (1996:627)			<input checked="" type="checkbox"/> Eligibility assessment in accordance with 14§ Security Protection Regulation (1996:633)		
Reason for security screening (describe the intended job assignments, e.g. "Employment as archivist with access to the agency's classified register") <b>Work at a Nuclear Power Plant</b>					

**To be filled in by non-Swedish citizens**

Latest distribution address in foreign country		Latest postcode in foreign country	Latest city of residence in foreign country
Place of Birth		Country of Birth	Passport Number

**To be filled in for Security Protected Procurement**

Company name			Organisation registration number
Distribution address	Postcode	City	Phone number to company
Subcontractor to		Project/Assignment	

**Signature of authority at Svenska kraftnät**

Signature
-----------

The information provided will be automatically processed in accordance with the regulations in the Personal Data Act (1998:204).