

**APPENDIX TO DEPARTMENT OF DEFENSE SECURITY AGREEMENT**

OMB No. 0704-0194  
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**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 10 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.

It is further agreed, on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by and between the United States of America through the Defense Counterintelligence and Security Agency, acting for the Department of Defense, hereinafter called the Government, and \_\_\_\_\_ which has entered into the Security Agreement to which this appendix is made a part that the branches and/or facilities listed below, owned and/or operated by said contractor are included in and covered by the provisions of the said Security Agreement, and Certificate Pertaining to Foreign Interests, Standard Form 328.

NAME OF PLANT OR FACILITY	NUMBER AND STREET ADDRESS	CITY AND STATE

<b>THE UNITED STATES OF AMERICA</b> <i>BY (Signature of Government Representative)</i>	<i>CONTRACTOR (Typed Name)</i>
	<i>BY (Signature of Authorized Contractor Representative)</i>
<b>AUTHORIZED REPRESENTATIVE OF THE GOVERNMENT</b> <i>(Typed Name of Government Agency)</i>	<i>TITLE (of Authorized Contractor Representative)</i>
	<b>ADDRESS</b>