



**U. S. Department of Justice**  
Drug Enforcement Administration  
Office of Security Programs

---

*www.dea.gov*

**FOREIGN NATIONAL RELATIVES OR ASSOCIATES STATEMENT**

This information is required regardless of whether your foreign national relatives or associates reside in the United States or a foreign country. Do not include foreign-born relatives or associates who are United States citizens. Once a foreign-born individual acquires United States citizenship, the individual is no longer considered a foreign national.

Please describe the nature, frequency, and degree of your contact with the foreign national relatives or associates you listed on your standard security questionnaire. (Attach a separate sheet of paper with your name at the top if you require additional space.)

Name of Relative or Associate and  
Country of Citizenship

Nature, Frequency, and Degree of Contact

Certification:

I hereby certify that I will notify the Drug Enforcement Administration, Office of Security Programs, if, for any reason, my relatives or associates are used in an effort to coerce, influence, or pressure me to act in a manner contrary to the best interests of national security.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name