



**DEPARTMENT OF DEFENSE  
DEFENSE OFFICE OF HEARINGS AND APPEALS**



In the matter of:	)	
	)	
	)	ISCR Case No. 22-01922
	)	
Applicant for Security Clearance	)	

**Appearances**

For Government: Carroll J. Connelley, Esq., Department Counsel  
For Applicant: *Pro se*

04/16/2024

\_\_\_\_\_  
**Decision**  
\_\_\_\_\_

OLMOS, Bryan J., Administrative Judge:

Applicant failed to mitigate the security concerns under Guideline I, Psychological Conditions and Guideline E, Personal Conduct. Eligibility for access to classified information is denied.

**Statement of the Case**

Applicant submitted a security clearance application (SCA) on July 1, 2021. On November 7, 2022, the Department of Defense (DOD) issued a Statement of Reasons (SOR) to Applicant detailing security concerns under Guideline I. The DOD issued the SOR under Executive Order (Exec. Or.) 10865, *Safeguarding Classified Information within Industry* (February 20, 1960), as amended; DOD Directive 5220.6, *Defense Industrial Personnel Security Clearance Review Program* (January 2, 1992), as amended (Directive); and the Security Executive Agent Directive 4 (SEAD 4), *National Security Adjudicative Guidelines* (AG), effective June 8, 2017.

Applicant answered the SOR on December 12, 2022, and requested a hearing before an administrative judge from the Defense Office of Hearings and Appeals

(DOHA). The case was assigned to me on August 11, 2023. On September 6, 2023, DOHA issued a notice scheduling the hearing for October 17, 2023.

On October 17, 2023, prior to the hearing, the Government amended the SOR to include additional security concerns under Guideline E. Following discussion of the amendment at hearing, Applicant requested a continuance which was granted. On October 27, 2023, DOHA issued a notice rescheduling the hearing for November 30, 2023.

I reconvened the hearing as scheduled. Applicant provided his answer to the amended SOR and testified. Government Exhibits (GX) 1 through 5 and Applicant Exhibits (AX) A through D were admitted to the record without objection. I held the record open until December 20, 2023, to allow both parties the opportunity to submit additional documentary evidence. Applicant timely submitted additional documents that were admitted to the record as AX E and F, without objection. DOHA received the hearing transcript (Tr.) on December 7, 2023. The record closed on December 20, 2023.

### **Findings of Fact**

In his Answer to the SOR, Applicant admitted SOR ¶¶ 1.a-1.c and denied SOR ¶ 1.d, with explanations. In his Answer to the amended SOR, he admitted SOR ¶¶ 2.b-2.c and denied SOR ¶ 2.a, with additional explanations. His admissions are incorporated into my findings of fact. After a thorough and careful review of the pleadings and evidence submitted, I make the following additional findings of fact.

Applicant is 47 years old. He was married in 1997 and divorced in 2005. He remarried in 2014 and has two adult children and one adult stepchild. He earned an associate degree in 2005. From December 2014 through July 2018, he took college courses part time but did not earn an additional degree. In 2023, he again enrolled in college part time. (GX 1-2, AX A, AX E; Tr. 17-20, 36)

Applicant enlisted in the Navy in August 1995 when he was 19 years old. Almost immediately, he began to have issues with alcohol. In March 1996 and again in June 1996, he received non-judicial punishment (NJP) for underage drinking. Also, once in 1996, he failed to show up for duty. He had consumed alcohol the night before and was afraid of the potential negative consequences, so he made threats of self-harm. He was admitted to a Navy hospital and diagnosed with alcohol dependence. He received alcohol counseling. (GX 1-3; AX A, AX D; Tr. 39-43)

Records reflect that from about December 2000 through January 2001, Applicant sought further treatment for alcohol use. He testified that he did not recall this period of treatment. However, he did recall and records further reflect that, in 2003, he completed two sequential 30-day periods of treatment at a Navy Substance Abuse Rehabilitation Program (SARP) for ongoing issues of alcohol abuse. Afterwards, he engaged in about

six months of aftercare and attended an unrecalled number of Alcoholics Anonymous (AA) meetings. (GX 1-3; Tr. 39-50)

Applicant also recalled receiving medication for depression while in the Navy but denied receiving specific treatment for his mental health. Instead, he sought counseling with a chaplain, often weekly. While on active duty, Applicant served one tour overseas on an aircraft carrier. He recalled one incident, while he was working radar, where an aircraft crashed on the deck. He was not responsible for the crash and there was no fire, injuries, or fatalities. However, he highlighted this event as a trigger for his ongoing post-traumatic stress disorder (PTSD) symptoms. (GX 3; AX A; Tr. 30-44, 89-95)

In July 2005, Applicant received an honorable separation at the End of Active Obligated Service (EAOS), following his inability to pass the physical readiness test (PRT). He separated as an E-5, petty officer second class. A few months later, he started with his current employer and has worked in various capacities as an electronics technician. He has continuously held a security clearance since early in his Navy career. (GX 1-3; Tr. 36-46)

In 2005, the same year as his military separation, Applicant divorced and his mother died. He continued to struggle with alcohol and was twice arrested for driving while intoxicated (DWI): once in 2008 and again in about April 2011. He was found guilty on both occasions. In about August 2011 and September 2011, he completed two sequential 30-day periods of inpatient alcohol treatment. Afterwards, he attended counseling sessions for about three months but stopped going to counseling after the death of his alcohol counselor. He determined that April 2011 was his sobriety date and testified that, since then, he has abstained from any alcohol. (GX 1-4; AX A, AX D; Tr. 30-53)

In late 2015, Applicant's stress significantly increased when his father, an alcoholic, moved in with him. Applicant testified that he began using his wife's medical marijuana during this period for depression. He did not disclose this use to his employer. In February 2016, he attempted suicide by overdose and was voluntarily hospitalized. He was diagnosed with acute depression and bipolar disorder. About a week later and shortly after his discharge from the hospital, he made another suicide attempt by overdose and was readmitted. In total, he was hospitalized for about 23 days. (GX 3; Tr. 53-61, 78-80, 116) (SOR ¶1.a)

Through the Veterans Affairs (VA) medical center, Applicant began seeing Dr. T in about March 2017. There are no medical records from this period of treatment in the evidentiary record. However, Applicant testified that these visits were not regular and that Dr. T primarily assisted with medication management for symptoms including depression. (GX 2-3; AX A; Tr. 63-65, 81-85)

In about June 2018, Applicant made another suicide attempt by overdose. He was hospitalized and diagnosed with major depressive disorder. After his discharge, he

completed a two-week outpatient program. (SOR ¶ 1.b) Medical records reflect that he used marijuana weekly during this period. (GX 1-5; AX A, AX D; Tr. 61-75) (SOR ¶ 2.a)

In October 2018, Applicant underwent outpatient treatment outside of the VA medical center. A psychiatrist noted concerns with bipolar mood disorder and chronic PTSD and that Applicant remained in a “danger time for relapse.” A urinalysis test conducted during this period reflected that Applicant tested positive for cannabinoids, a component of marijuana. The assessing psychiatrist noted that Applicant provided “vague answers” about his marijuana use “due to security clearance” concerns. (GX 5; Tr. 73-78)

The psychiatrist recommended that Applicant participate in ongoing outpatient treatment including medication management and psychotherapy. However, Applicant did not return for ongoing care. He referenced concerns over insurance coverage and a lack of benefit from ongoing sessions as reasons for his termination of counseling. He testified that he also stopped using marijuana by the end of 2018. (GX 5; Tr. 71-79)

In late 2020, Applicant began regularly seeing Dr. T every one to two months for therapy visits and medication management. Dr. T recommended that he see a psychotherapist for additional treatment. Beginning in January 2021, he attended monthly psychotherapy sessions with Ms. P, a licensed clinical professional counselor (LCPC). Ms. P noted a treatment plan that focused on cognitive behavioral therapy as well as stressor and coping mechanisms. She recommended that he continue sessions on a biweekly basis. However, in April 2021, after about four visits, he terminated the psychotherapy sessions because he did not believe the sessions were helpful. (GX 1-2; AX A; Tr. 81-95)

In his July 2021 SCA, Applicant disclosed his history of mental health treatment and provided details of that treatment during his September 2021 background interview with an investigator. However, he failed to disclose his past use of marijuana in either circumstance. (GX 1-2; Tr. 81-95) (SOR ¶¶ 2.b, 2.c)

In March 2022, Applicant underwent a psychological evaluation with Dr. L, a psychologist, at the request of DOD, in connection with his clearance application. He provided Dr. L with a detailed history of his alcohol use, but only admitted to “weekly marijuana use in 2018 to self-medicate his overwhelming depression and anxiety symptoms.” She also noted bipolar symptoms and that he continued to experience daily panic-like symptoms, recurrent thoughts of suicide and that he endorsed criteria supportive of major depression and severe PTSD. She found that, while he appeared “to be making a concerted effort to seek psychological treatment,” his symptoms did not appear “well-managed.” She concluded that his psychological condition represented an increased risk for his ability and willingness to “properly follow orders or perform sensitive duties” and that his “judgment, reliability, stability, and trustworthiness in safeguarding classified information [were] considered poor.” (GX 3; Tr. 91-105)

Later in March 2022, Dr. L spoke with Dr. T and submitted an addendum to her report. Dr. L noted that Dr. T found Applicant to be compliant with his medication management, but that he had not been open to psychotherapy. Dr. L summarized Dr. T's opinion that Applicant was stable and had been referred to a PTSD-trained provider to manage his long-term trauma. Still, Dr. L opined that Applicant displayed "long-term resistance to psychological engagement," had not engaged in sufficient treatment to manage his anxiety and depressive symptoms and remained at risk of "psychological decompensation." (GX 3)

In about June 2022, Applicant's father moved out of their shared home. Applicant testified that this had a positive impact on his mental health. However, he also admitted that he continued to have panic attacks. He testified that he continued to treat with Dr. T in 2022 and 2023, maintained his medication management and remained stable. There are no medical records from Dr. T for this period of treatment in the evidentiary record. (Tr. 92-105)

However, in an October 2023 correspondence, Dr. T stated that Applicant carried a 60% service-connected disability rating from the VA for mental and physical health conditions and that his current psychiatric diagnoses included PTSD, generalized anxiety disorder and major depressive disorder. She noted that he consistently contacted her at times of "exacerbated symptoms and mental health urgency/emergency," but she did not state the frequency that these events occurred. She further stated that she believed he was not "an imminent risk to self or others." She provided a positive assessment of Applicant and noted that "he was future oriented to continue working, attending college courses, and engaging in psychotherapy with a community provider." (AX D)

Applicant testified that, in coordination with Dr. T, he started seeing Ms. R, a licensed master's social worker (LMSW), in about August 2023. He admitted that he had previously been reluctant to participate in extended counseling or psychotherapy. However, he was committed to participating in psychotherapy again. (AX B, AX D; Tr. 30-35, 71-75, 87-106)

Applicant stated in his Answer to the Amended SOR that he regretted not disclosing his drug use in his SCA. He further stated, "I was afraid that I would be discriminated against or penalized for something that I did for my health and well-being." He further admitted during the hearing that he was intentionally vague to his medical providers about his marijuana use because of concerns over losing his security clearance. He expressed remorse over his decision not to disclose his marijuana use sooner and reaffirmed his commitment to not use marijuana in the future. (GX 3; Tr. 74-75, 95-100)

Applicant's adult son testified that he regularly speaks with Applicant and sees him every few months. He stated that Applicant used to drink alcohol a lot but had remained sober since his last DWI in 2011. Since 2020, Applicant has been "on a good

track because ... once he started going to the VA, things have gotten a lot better for him mentally.” He described Applicant as stable and in control of his actions. (Tr. 126-134)

Applicant’s work colleague, Mr. R, testified that he had known Applicant since Applicant started with the company in 2005 and that they saw each other regularly. Mr. R acknowledged that Applicant had been through difficult times struggling with alcohol in his past and dealing with stressors like his father living with him. However, Mr. R testified that, once Applicant’s father left, Applicant has “been in a good place emotionally.” Mr. R described Applicant as a trusted and valuable asset to the company. (Tr. 113-122)

## **Policies**

It is well established that no one has a right to a security clearance. As the Supreme Court held in *Department of the Navy v. Egan*, “the clearly consistent standard indicates that security determinations should err, if they must, on the side of denials.” 484 U.S. 518, 531 (1988)

When evaluating an applicant’s suitability for a security clearance, the administrative judge must consider the adjudicative guidelines. In addition to brief introductory explanations for each guideline, the adjudicative guidelines list potentially disqualifying conditions and mitigating conditions, which are used in evaluating an applicant’s eligibility for access to classified information.

These guidelines are not inflexible rules of law. Instead, recognizing the complexities of human behavior, these guidelines are applied in conjunction with the factors listed in the adjudicative process. The administrative judge’s overarching adjudicative goal is a fair, impartial, and commonsense decision. According to AG ¶ 2(a), the entire process is a conscientious scrutiny of a number of variables known as the “whole-person concept.” The administrative judge must consider all available, reliable information about the person, past and present, favorable and unfavorable, in making a decision.

The protection of the national security is the paramount consideration. AG ¶ 2(b) requires that “[a]ny doubt concerning personnel being considered for national security eligibility will be resolved in favor of the national security.” In reaching this decision, I have drawn only those conclusions that are reasonable, logical, and based on the evidence contained in the record. Likewise, I have not drawn inferences grounded on mere speculation or conjecture.

Under Directive ¶ E3.1.14, the Government must present evidence to establish controverted facts alleged in the SOR. Under Directive ¶ E3.1.15, an “applicant is responsible for presenting witnesses and other evidence to rebut, explain, extenuate, or mitigate facts admitted by applicant or proven by Department Counsel and has the ultimate burden of persuasion to obtain a favorable security decision.”

A person who seeks access to classified information enters into a fiduciary relationship with the Government predicated upon trust and confidence. This relationship transcends normal duty hours and endures throughout off-duty hours. The Government reposes a high degree of trust and confidence in individuals to whom it grants access to classified information. Decisions include, by necessity, consideration of the possible risk the applicant may deliberately or inadvertently fail to safeguard classified information. Such decisions entail a certain degree of legally permissible extrapolation of potential, rather than actual, risk of compromise of classified information.

## **Analysis**

### **Guideline I, Psychological Conditions**

The security concern relating to this guideline is set out in AG ¶ 27:

Certain emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness. A formal diagnosis of a disorder is not required for there to be a concern under this guideline. A duly qualified mental health professional (e.g., clinical psychologist or psychiatrist) employed by, or acceptable to and approved by the U.S. Government, should be consulted when evaluating potentially disqualifying and mitigating information under this guideline and an opinion, including prognosis, should be sought. No negative inference concerning the standards in this guideline may be raised solely on the basis of mental health counseling.

I have considered the disqualifying conditions under AG ¶ 28 and the following are potentially applicable:

- (a) behavior that casts doubt on an individual's judgment, stability, reliability, or trustworthiness, not covered under any other guideline and that may indicate an emotional, mental, or personality condition, including, but not limited to, irresponsible, violent, self-harm, suicidal, paranoid, manipulative, impulsive, chronic lying, deceitful, exploitative, or bizarre behaviors;
- (b) an opinion by a duly qualified mental health professional that the individual has a condition that may impair judgment, stability, reliability, or trustworthiness;
- (c) voluntary or involuntary inpatient hospitalization; and
- (d) failure to follow a prescribed treatment plan related to a diagnosed psychological/psychiatric condition that may impair judgment, stability, reliability, or trustworthiness, including, but not limited to, failure to take prescribed medication or failure to attend required counseling sessions.

Applicant was twice hospitalized in 2016 and again in 2018 following suicide attempts. He acknowledged a history of not attending recommended counseling. Dr. L noted Applicant's ongoing reluctance to participate in psychotherapy and opined that he had not engaged in sufficient treatment to successfully manage his anxiety and depression symptoms and that he was at risk of psychological decompensation. Further, Dr. L found that Applicant's judgment, stability, reliability, and trustworthiness were impaired. The above disqualifying conditions apply.

I have considered the mitigating conditions under AG ¶ 29 and the following are potentially applicable:

- (a) the identified condition is readily controllable with treatment, and the individual has demonstrated ongoing and consistent compliance with the treatment plan;
- (b) the individual has voluntarily entered a counseling or treatment program for a condition that is amenable to treatment, and the individual is currently receiving counseling or treatment with a favorable prognosis by a duly qualified mental health professional;
- (c) recent opinion by a duly qualified mental health professional employed by, or acceptable to and approved by, the U.S. Government that an individual's previous condition is under control or in remission, and has a low probability of recurrence or exacerbation; and
- (d) the past psychological/psychiatric condition was temporary, the situation has been resolved, and the individual no longer shows indications of emotional instability.

Dating back to at least 1996, Applicant has a long history of mental health concerns. Initially, he struggled with alcoholism along with depression. Although he underwent several rounds of treatment, he experienced two DWIs before sufficiently addressing his alcoholism. He has remained sober for over twelve years.

Still, Applicant's struggles with anxiety, depression and, later, PTSD continued. Although he maintained sobriety since 2011, there are multiple instances where he refused to fully commit to a treatment plan for his mental health concerns. Unable to cope with multiple stressors, greatest of which was attempting to support his alcoholic father, Applicant attempted suicide on three separate occasions, twice in close proximity in 2016, and once in 2018. While he voluntarily participated in treatment after each event, he struggled to continue counseling based on insurance issues and his own doubt as to the benefits of ongoing treatment.

Even when Applicant started treating with Dr. T consistently in 2020, his rejection of psychotherapy and counseling continued. On Dr. T's recommendation, he attended psychotherapy in 2021, but only completed about four visits before stopping treatment.



As noted in Dr. L's March 2022 evaluation, Applicant's long-term resistance to psychological engagement meant that he had historically not participated in sufficient treatment to manage his anxiety and depressive symptoms.

In August 2023, Applicant restarted psychotherapy. In October 2023, Dr. T provided a positive assessment of his treatment. His son and friend also testified to his improved condition. However, given the extended period of mental health issues, his recent efforts to fully participate in the treatment recommended by Dr. T is insufficient to establish ongoing and consistent compliance with a treatment plan. Neither AG ¶¶ 29(a) nor 29(b) is applicable.

Additionally, while Dr. T's October 2023 correspondence provides a positive assessment of Applicant, she acknowledged that he still experienced exacerbated symptoms and mental health emergencies. Although Dr. T noted that he was "future-oriented" and was not "an imminent risk to self or others," this correspondence and Applicant's recent restart of psychotherapy are insufficient, at this time, to mitigate the security concerns relating to psychological conditions. Neither AG ¶¶ 29(c) nor 29(d) is applicable.

#### **Guideline E, Personal Conduct**

The security concern relating to this guideline is set out in AG ¶ 15:

Conduct involving questionable judgment, lack of candor, dishonesty, or unwillingness to comply with rules and regulations can raise questions about an individual's reliability, trustworthiness, and ability to protect classified or sensitive information. Of special interest is any failure to cooperate or provide truthful and candid answers during national security investigative or adjudicative processes. The following will normally result in an unfavorable national security eligibility determination, security clearance action, or cancellation of further processing for national security eligibility.

Under Guideline E, the Government alleges that Applicant used marijuana in 2018 (SOR ¶ 2.a) and made deliberate false statements in his July 2021 SCA by failing to disclose his history of marijuana use (SOR ¶ 2.b) and his use of marijuana while possessing a security clearance (SOR ¶ 2.c).

Beginning with an applicant's responses in the application and continuing through the investigative phase, "the security clearance investigation is not a forum for an applicant to split hairs or parse the truth narrowly. The Federal Government has a compelling interest in protecting and safeguarding classified information." That compelling interest includes the legitimate interest in being able to make sound decisions based on complete and accurate information. An applicant who deliberately fails to give full, frank, and candid answers to the Government in connection with a security clearance investigation interferes with the integrity of the industrial security

program. ISCR Case No. 01-03132 (App. Bd. Aug. 8, 2002) The Government must produce substantial evidence that an omission was deliberate and not merely that the omission occurred. ISCR Case No. 07-16511 (App. Bd. Dec. 4, 2009)

I have considered the disqualifying conditions for personal conduct under AG ¶ 16 and the following are potentially applicable:

- (a) deliberate omission, concealment, or falsification of relevant facts from any personnel security questionnaire, personal history statement, or similar form used to conduct investigations, determine employment qualifications, award benefits or status, determine national security eligibility or trustworthiness, or award fiduciary responsibilities;
- (b) deliberately providing false or misleading information; or concealing or omitting information, concerning relevant facts to an employer, investigator, security official, competent medical or mental health professional involved in making a recommendation relevant to a national security eligibility determination, or other official government representative; and
- (c) credible adverse information in several adjudicative issue areas that is not sufficient for an adverse determination under any other single guideline, but which, when considered as a whole, supports a whole-person assessment of questionable judgment, untrustworthiness, unreliability, lack of candor, unwillingness to comply with rules and regulations, or other characteristics indicating that the individual may not properly safeguard classified or sensitive information.

Initially, Applicant only disclosed to his medical providers and Dr. L that he used marijuana in 2018. He later testified that he used marijuana from 2015 through 2018. He has since terminated his marijuana use. Nonetheless, his marijuana use in 2018 is sufficient to raise concerns over his judgment, trustworthiness, reliability and willingness to comply with rules and regulations. He further deliberately failed to provide accurate information regarding his marijuana use in his SCA over concerns regarding the impact to his security clearance. The above disqualifying conditions apply.

I have considered the mitigating conditions for personal conduct under AG ¶ 17 and the following are potentially applicable:

- (a) the individual made prompt, good-faith efforts to correct the omission, concealment, or falsification before being confronted with the facts;
- (c) the offense is so minor, or so much time has passed, or the behavior is so infrequent, or it happened under such unique circumstances that it is unlikely to recur and does not cast doubt on the individual's reliability, trustworthiness, or good judgment;

(d) the individual has acknowledged the behavior and obtained counseling to change the behavior or taken other positive steps to alleviate the stressors, circumstances, or factors that contributed to untrustworthy, unreliable, or other inappropriate behavior, and such behavior is unlikely to recur; and

(e) the individual has taken positive steps to reduce or eliminate vulnerability to exploitation, manipulation, or duress.

Applicant testified that he used marijuana from 2015 through 2018 to self-medicate for various symptoms including depression. He admitted that he did not disclose his marijuana use in his SCA and was not candid about his marijuana use to his medical providers out of concern for the impact it would have on his ability to maintain a security clearance. At the hearing, he expressed remorse over his decision not to disclose his marijuana use sooner. He testified that he has not used marijuana since 2018.

Applicant failed to make prompt, good-faith efforts to correct the record by providing an accurate history of his marijuana use during the security investigation process or to his medical providers. He did not meet his burden of mitigation. This involved a significant matter of his past and continues to cast doubt on his reliability, trustworthiness, or judgment. Neither AG ¶¶ 17(a) nor 17(c) is applicable.

Applicant fully acknowledged his error in failing to disclose his marijuana use during the security investigation. He has since found other means to address his symptoms and is working toward alleviating the stressors, circumstances and factors that initially led to his marijuana use. However, these efforts are insufficient to mitigate his falsifications about his marijuana use on his SCA. Neither AG ¶¶ 17(d) nor 17(e) is applicable.

### **Whole-Person Concept**

Under the whole-person concept, the administrative judge must evaluate an applicant's eligibility for a security clearance by considering the totality of the applicant's conduct and all relevant circumstances. The administrative judge should consider the nine adjudicative process factors listed at AG ¶ 2(d):

(1) the nature, extent, and seriousness of the conduct; (2) the circumstances surrounding the conduct, to include knowledgeable participation; (3) the frequency and recency of the conduct; (4) the individual's age and maturity at the time of the conduct; (5) the extent to which participation is voluntary; (6) the presence or absence of rehabilitation and other permanent behavioral changes; (7) the motivation for the conduct; (8) the potential for pressure, coercion, exploitation, or duress; and (9) the likelihood of continuation or recurrence.

Under AG ¶ 2(c), the ultimate determination of whether to grant eligibility for a security clearance must be an overall commonsense judgment based upon careful consideration of the guidelines and the whole-person concept.

I considered the potentially disqualifying and mitigating conditions in light of all the facts and circumstances surrounding this case. I have incorporated my comments under Guideline I and Guideline E in my whole-person analysis.

Applicant overcame a history of alcoholism and has made progress toward accepting and maintaining a complete treatment plan to address his mental health concerns. Additionally, he honorably served in the Navy and has been a valued employee of his company for nearly twenty years. He has held a security clearance for nearly thirty years.

Nonetheless, Applicant's acceptance and participation in the full treatment recommendations of his psychiatrist is recent and he has not established that this is a permanent behavioral change. He also chose to use marijuana from 2015 through 2018, and he concealed this use from his employer and during his security investigation because he knew such use could have negative implications to his security clearance. While he admitted his marijuana use at hearing and expressed remorse over his falsifications, the seriousness of his conduct leaves me with questions and doubts as to his suitability for a security clearance.

### **Formal Findings**

Formal findings for or against Applicant on the allegations set forth in the SOR, as required by section E3.1.25 of Enclosure 3 of the Directive, are:

Paragraph 1, Guideline I:	AGAINST APPLICANT
Subparagraphs 1.a-1.d:	Against Applicant
Paragraph 2, Guideline E:	AGAINST APPLICANT
Subparagraphs 2.a-2.c:	Against Applicant

### **Conclusion**

In light of all of the circumstances, it is not clearly consistent with the national interest to grant Applicant a security clearance. Eligibility for access to classified information is denied.

---

Bryan J. Olmos  
Administrative Judge