

UFV&A Long Format IAP-66

Visitor/Assignee:

* First Name: _____ *Middle: _____ *Last: _____
 *Gender (circle one): Male Female Is Visitor currently in the US? Yes No
 *Permanent Resident Alien: Yes No
 *Country of Citizenship: _____ *Date of Birth (mm/dd/yyyy): _____
 *Country of Birth: _____ *City of Birth: _____

Employer Information

Affiliation or Company Info:

*Institution or Company Name: _____ Phone Number: _____
 Street (1): _____ Fax Number: _____
 Street (2): _____ E-mail Address: _____
 City: _____ State: _____
 Zip Code: _____ *Country of Employer: _____
 *Title or Position and Duties: _____

Aliases

First Name: _____ Middle: _____ Last: _____
 First Name: _____ Middle: _____ Last: _____
 First Name: _____ Middle: _____ Last: _____

*** Visa / PRA Information**

Visa Number: _____
 Visa Type: _____
 Expr Date (mm/dd/yyyy): _____

*** Passport Information**

Passport Number: _____
 Country of Issue: _____
 Expr Date (mm/dd/yyyy): _____

Place of Work (if different from Employer)

Company Name: _____ Phone Number: _____
 Street (1): _____ Fax Number: _____
 Street (2): _____ E-mail Address: _____
 City: _____ State: _____
 Zip Code: _____ Title or Position: _____
 Country of Employer: _____
 Interpreter Needed? (circle one): Yes No
 Business Type conducted by Employer: _____
 Educational Background: _____
 Field of Research: _____

Current Address

Street (1): _____ City: _____
 Street (2): _____ State: _____
 Zip Code: _____

When completed, this form contains Personally Identifiable Information.

* Denotes Required Information

UFV&A Request Information/Long Format IAP-66

*Site to be visited: _____

*Type of Request (circle one): Visit Assignment Off-site

*Will Sensitive Subjects be discussed? (circle one): Yes No

*Is this a High Level Protocol Visit? (circle one): Yes No

*Select the Security Area Type at the Facility (circle one): Non-Security Area Property Protection Area Limited Area MAA Exclusion Area SCIF

Host Information

*Host's First Name: _____ Middle: _____ *Last: _____

*Host's Citizenship: _____ *Phone: _____

*Does the Host have a clearance? (circle one): Yes No

*Desired Start Date (mm/dd/yyyy): _____ *Desired End date: _____

*Purpose of Visit: _____

*Subjects (may list more than one): _____

*HDE Code: _____

*Justification of visit/assignment including specific activities or involvement: _____

Is the assignment for intermittent access periods? (circle one): Yes No

Number of Days On-Site: _____ Is this Visit/Assignment for Employment? Yes No

Will there be interactions with Individuals with Security Clearances: Yes No

List Individuals:

First Name: _____ Middle: _____ Last: _____
First Name: _____ Middle: _____ Last: _____
First Name: _____ Middle: _____ Last: _____

*List Buildings and Rooms to be accessed:

Building: _____ Room: _____ Type: _____
Building: _____ Room: _____ Type: _____
Building: _____ Room: _____ Type: _____

*Certification of DOE Mission: _____

*Anticipated benefits to DOE Programs: _____

*DOE Contact's First Name: _____ Middle: _____ *Last: _____

*Contact's Phone: _____ *Cost to DOE: _____

Will Visit/Assignment include transfer of Technology? (circle one): Yes No Unknown

If there is to be technology transferred, describe: _____

Export License Required: (circle one) Yes No Unknown

Date Export License Requested (mm/dd/yyyy): _____ License D Number: D

Date Export License Granted (mm/dd/yyyy): _____ License D Number: Z

*Will Visitor/Assignee be granted computer access? (circle one): Yes No

If granted computer access, is the access on-site or off-site?: On-Site Off-Site

List any networks to which access is granted: _____

Remarks/Comments (or additional information that did not fit above)

* Denotes Required Information