

Visit/Assignment Request

SECRETARIAL CONTACT: _____ EXT. _____

PART I: PERSONAL DATA

Name of Visitor First		Middle or NMI	Last	Visitor Number	Request Number
Place of Birth (City)		(Country)	Date of Birth (mm/dd/yy)	Gender of Visitor M <input type="checkbox"/> F <input type="checkbox"/>	Interpreter Needed Yes <input type="checkbox"/> No <input type="checkbox"/>
Country of Citizenship		Dual Citizenship	Aliases (First, Middle or NMI, Last)		
Legal Permanent Resident (LPR) "Green Card" Yes <input type="checkbox"/> No <input type="checkbox"/>		LPR Number	Expiration Date (mm/dd/yy)	All passport and visa information is mandatory if the visitor is NOT an LPR	
Passport Number*	Country of Issue*	Expiration Date (mm/dd/yy)	Visa Number*	Type of Visa*	Expiration Date (mm/dd/yy)
Complete Alternate Type of Credentials if passport/visa information is expired or not required.		Alternate Type of Credentials (driver's license, I-94, etc.)	Associated Number	Country of Issue	Expiration Date (mm/dd/yy)
Work Phone		Fax Number		E-Mail	
Name of Current Employer			Place of Work (If different from Current Employer)		
Street			Street		
City	State/Province		City	State/Province	
ZIP Code	Division		ZIP Code	Division	
Country			Country		
Title, position, or description of visitor's or assignee's duties					
Kind of business or organization of visitor's or assignee's employer (e.g., government, company, laboratory, university)					
Education background (include university/college degrees and dates conferred)					
Field of research					

FOLLOWING INFORMATION REQUIRED ONLY IF FAMILY MEMBERS ARE COMING ON SITE

Name of Family Member (First, Middle or NMI, Last)		Place of Birth (City)	(Country)
Date of Birth (mm/dd/yy)	Relationship		Citizenship
Name of Family Member (First, Middle or NMI, Last)		Place of Birth (City)	(Country)
Date of Birth (mm/dd/yy)	Relationship		Citizenship

PART IIA: VISIT/ASSIGNMENT REQUEST INFORMATION

Date of Request (mm/dd/yy)	This request is for: Assignment Extension <input type="checkbox"/> Visit <input type="checkbox"/> Assignment <input type="checkbox"/> Off-site <input type="checkbox"/>	Is this visit/assignment for employment? Yes <input type="checkbox"/> No <input type="checkbox"/>
Visitor currently in US? Yes <input type="checkbox"/> No <input type="checkbox"/>	For assignment only: Will you require an exchange visitor (J-1) visa? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the visit or assignment for intermittent periods? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this a DS 2019 assignment? Check yes if (J-1) visa Yes <input type="checkbox"/> No <input type="checkbox"/>		Will visitor/assignee be granted computer access? Yes <input type="checkbox"/> No <input type="checkbox"/>
If granted computer access, is the access On-site <input type="checkbox"/> Off-site <input type="checkbox"/> Both <input type="checkbox"/>		If computer access = YES, enter Risk Assessment Number
Identify any specific international agreement		
Name of DOE Contact		DOE Contact Telephone Number

NAME OF VISITOR: _____

PART IIB: VISIT/ASSIGNMENT FACILITY INFORMATION

Facility or organization to be visited/assigned Name: Argonne National Laboratory - East Location: 9700 S. Cass Ave., Argonne, IL 60439		Code AN	Division	Desired Start/End Dates _____/_____/_____ (mm/dd/yy) (mm/dd/yy)				
Name of the host responsible for the visit/assignment			Host's Citizenship					
Does the host have a security clearance? Yes <input type="checkbox"/> No <input type="checkbox"/>			Host's telephone number					
Will there be interactions with individuals with security clearances? Yes <input type="checkbox"/> No <input type="checkbox"/> List individuals with security clearances (First, Middle or NMI, Last)								
Building and room numbers for the visit/assignment								
Building	Room	Type** A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Building	Room	Type** A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Building	Room	Type** A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
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Number of days on site or with computer access			Subject Codes/Description					

PART III: VISIT/ASSIGNMENT PROGRAM INFORMATION AND REMARKS

HDE Assoc. Director's Code/Description		Cost to DOE	Visit or assignment purpose code
Justification/benefits of visit/assignment, including benefits to DOE program(s) Is this a sensitive subject? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name of Division Director***		Signature of Division Director and Date Signed	
Name of Security Officer Sylvia Rada	<input type="checkbox"/> Recommend Approval <input type="checkbox"/> Recommend Disapproval	Signature of Security Officer and Date Signed	
Name of Export Control Manager Terry Bohle	<input type="checkbox"/> Recommend Approval <input type="checkbox"/> Recommend Disapproval	Signature of Export Control Officer and Date Signed	
Name of Counter Intelligence Officer	<input type="checkbox"/> Indices Check Not Required Prior to Visit Initial: CARDS Date: ___/___/___ <input type="checkbox"/> Recommend Approval <input type="checkbox"/> Recommend Disapproval	Signature of Counter Intelligence Officer and Date Signed	
Name of local approving official R. Rosner	<input type="checkbox"/> Recommend Disapproval	Title and organization of local approving official Laboratory Director	
Signature of local approving official		Date signed (mm/dd/yy)	
Remarks			

* If person is not an LPR, Passport Number/Country of Issue and Type of Visa/ Visa Number must be completed.

** Type of Room: A = Non-Secure; B = Property Protection Area; C = Limited Area.

*** Division Director signature certifies that visit/assignment is programmatically appropriate and that the host has been trained.