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: _____

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 Information

*Visa Number: _____

*Visa Type: _____

*Exp Date (mm/dd/yyyy) _____

Passport Information

*Passport Number: _____

*Country of Issue: _____

*Exp 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 U.S. Address

Street (1): _____ City: _____

Street (2): _____ State: _____

Zip Code: _____

Permanent Address*

*Street (1): _____ *City: _____

Street (2): _____ *State: _____

*Country: _____ *Zip Code: _____

** Denotes Required Information*

PLEASE TYPE FORM; DO NOT HAND-WRITE. SUBMIT FORM ALONG WITH A SCAN OF YOUR PASSPORT INFORMATION PAGE AND VISA.

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): _____

International Agreement Code: _____

*HDE Code: _____

Department/Division to be Visited: _____

*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*

UFV&A Family Member Information/Long Format IAP-66

Visitor/Assignee Name: _____

Family Member

First Name: _____ Middle: _____ Last: _____
Relationship to Visitor: _____ Gender (circle one): ☐ Male ☐ Female
Citizenship: _____ Date of Birth (mm/dd/yyyy): _____
Country of Birth: _____ City of Birth: _____

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

Family Member

First Name: _____ Middle: _____ Last: _____
Relationship to Visitor: _____ Gender (circle one): ☐ Male ☐ Female
Citizenship: _____ Date of Birth (mm/dd/yyyy): _____
Country of Birth: _____ City of Birth _____

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

Family Member

First Name: _____ Middle: _____ Last: _____
Relationship to Visitor: _____ Gender (circle one): ☐ Male ☐ Female
Citizenship: _____ Date of Birth (mm/dd/yyyy): _____
Country of Birth: _____ City of Birth _____

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

Family Member

First Name: _____ Middle: _____ Last: _____
Relationship to Visitor: _____ Gender (circle one): ☐ Male ☐ Female
Citizenship: _____ Date of Birth (mm/dd/yyyy): _____
Country of Birth: _____ City of Birth _____

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

Remarks/Comments

_____