PERSONALLY IDENTIFIABLE INFORMATION

UFV&A Long Format IAP-66								
Visitor/Assignee: * First Name: *Gender (circle one): Male Female *Permanent Resident Alien: Yes *Country of Citizenship: *Country of Birth:	No	*Last: Is Visitor currently in the US? Yes No *Date of Birth (mm/dd/yyyy): *City of Birth:						
Employer Information								
Affiliation or Company Info: *Institution or Company Name: Street (1): Street (2): City: Zip Code: *Title or Position and Duties:		Phone Number: Fax Number: E-mail Address: State: *Country of Employer:						
Aliases								
First Name: Middle:		Last: Last:						
* Visa / PRA Information	on	* Passport Information						
Visa Number: Visa Type: Expr Date (mm/dd/yyyy):		Passport Number: Country of Issue: Expr Date (mm/dd/yyyy):						
	01 110111 (Terent from Employor,						
Company Name: Street (1): Street (2): City: Zip Code: Country of Employer:		Phone Number: Fax Number: E-mail Address: State: Title or Position:						
Interpreter Needed? (circle one): Yes Business Type conducted by Employer: Educational Background: Field of Research:	No							
	^							
	Current U	J.S. Address						
Street (1): Street (2):		City: State: Zip Code:						
When completed, this form contains Perso	nally Identifiat	ole Information.						

^{*} Denotes Required Information

PERSONALLY IDENTIFIABLE INFORMATION

UFV&A Request Information/Long Format IAP-66									
*Site to be visited:									
*Type of Request (circle one): Visit		Ass	signment			Off-site			
*Will Sensitive Subjects be discussed? (circle or	ne):	Yes	No						
*Is this a High Level Protocol Visit? (circle one):		Yes	No						
*Select the Security Area Type at the Facility (ci	•								
Non-Secui	rity Area		perty Protec			Limited Area			
MAA		Exc	clusion Area			SCIF			
Host Information									
*Host's First Name:	Middle:			*Last:					
*Host's Citizenship:	*Phone:			Last.					
*Does the Host have a clearance? (circle one):	Yes	No							
*Desired Start Date (mm/dd/yyyy):	163	140		*Desire	d End	date:			
*Purpose of Visit:									
i dipose oi visit.	-								
*Subjects (man list more than one):									
*HDÉ 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 V	isit/Assigr	ment for Em	nployment ^a	?	Yes No			
Will there be interactions with Individuals with Se	ecurity Cle	earances:		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:		Lasi.					
Will Visit/Assignment include transfer of Techno			-	Yes	No	Unknown			
If there is to be technology transferred, describe	•••	de one).		163	INU	Olikilowii			
if there is to be technology transferred, describe						•			
Export License Required: (circle one)	Yes	No	Unknow	n					
Date Export License Requested (mm/dd/yyyy):	163	INO			r.	D			
Date Export License Granted (mm/dd/yyyy):	License D Num License D Num					Z			
Date Export License Granted (Illin/dd/yyyy).	-		LICCIISC	Divullibe	1.				
*Will Visitor/Assignee be granted computer acce	ess? (circle	e one).		Yes	No				
						Off-Site			
List any networks to which access is granted:				On One					
sing notification to which doods to granted.									
Remarks/Comments (or additional information that did not fit above)									
	,	-				,			
-									

^{*} Denotes Required Information