



**PARTICIPATING GUEST INFORMATION FORM (PGIF)  
LAWRENCE BERKELEY NATIONAL LABORATORY**

Please type or write clearly. Please complete ALL applicable sections.  
Any missing or inaccurate information may delay your guest appointment.

**SECTION A – GUEST INFORMATION** *(To be completed by Guest)*

NEW GUEST       RETURNING GUEST       FORMER EMPLOYEE       EXTENSION OF APPT.

**Guest Name:** \_\_\_\_\_ **Guest ID:** \_\_\_\_\_  
First M.I. Last (If returning/former)

**Other Names Used (if any):** \_\_\_\_\_ **UC Student ID:** \_\_\_\_\_

**Current Address**

**Local Address, if any**

Address: \_\_\_\_\_  
 City/State/Postal: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

Address: \_\_\_\_\_  
 City/State/Postal: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Permanent Address** *(if different from above)*

**Are you currently in the U.S.?**     Yes     No

Address: \_\_\_\_\_  
 City/State/Postal: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Immigration Information** *(please check one)*

**Passport Information** *(non-immigrant and immigrant only)*

U.S. Citizen  
 U.S. Immigrant      If yes please provide:  
     Green Card #: \_\_\_\_\_  
     Green Card Exp Date: \_\_\_\_\_  
 Non-Immigrant      If yes please provide:  
     Visa Control #: \_\_\_\_\_  
     Visa Type: \_\_\_\_\_  
     Visa Exp Date: \_\_\_\_\_

Passport Number: \_\_\_\_\_  
 Country of Issue: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

**Personal Information**

Birth Date: \_\_\_\_\_ (mm/dd/yy)  
 Gender:     Female     Male  
 Birth City & Country: \_\_\_\_\_  
 Citizenship Country: \_\_\_\_\_

**Emergency Contact Information** *(Only used in the event of an emergency)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Work Ph #: \_\_\_\_\_  
 Country: \_\_\_\_\_ Other Ph #: \_\_\_\_\_

**Visiting Information**

Expected Dates\* of Visit to LBNL: \_\_\_\_\_ - \_\_\_\_\_ \* **Berkeley Lab reserves the right to change dates at any times.**  
(mm/dd/yy) - (mm/dd/yy)

Do you plan to visit LBNL intermittently during your expected dates as stated above?     Yes     No  
*(e.g. visit LBNL for 2 consecutive weeks, leave LBNL the following week, and return to LBNL for 3 weeks, etc.)*

If yes, will any of your visit(s) be longer than 30 consecutive calendar days?     Yes     No

Reason for Visit: \_\_\_\_\_

*(For example, collaboration on project A or proposal B on contract #123 with John Smith in the Molecular Foundry Organic Facility)*

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**SECTION B – GUEST FINANCIAL INFORMATION** *(To be completed by Guest)*

Please check the appropriate box(es) regarding your financial support:

- Currently employed** – Complete #1     **Student** – Complete #3  
 **Receiving financial support from a sponsoring affiliation** – Complete #2 & #3

**1. Employer Information** *(Complete if you are receiving wages from a company)*

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address 1: \_\_\_\_\_ Department: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City/State/Postal: \_\_\_\_\_  
Country: \_\_\_\_\_

**2. Sponsoring Affiliation Information** *(Complete if you are receiving funding or financial support from an entity other than your employer – i.e. fellowship or grant)*

Institution Name: \_\_\_\_\_ Fund Type: \_\_\_\_\_  
Address 1: \_\_\_\_\_ Amount (\$/mo): \_\_\_\_\_  
Address 2: \_\_\_\_\_ Date From: \_\_\_\_\_ To: \_\_\_\_\_  
City/State/Postal: \_\_\_\_\_ (mm/dd/yy) (mm/dd/yy)  
Country: \_\_\_\_\_

**3. Other Funding Sources** *(i.e. personal funds)*

School/College (if student): \_\_\_\_\_ Fund Type: \_\_\_\_\_  
Institution: \_\_\_\_\_ Date From: \_\_\_\_\_ To: \_\_\_\_\_  
Amount(\$/mo): \_\_\_\_\_ (mm/dd/yy) (mm/dd/yy)

**INSURANCE AND WORKER’S COMPENSATION DISCLOSURE**

**THE LAWRENCE BERKELEY NATIONAL LABORATORY IS UNABLE TO PROVIDE WORKER’S COMPENSATION BENEFITS IN THE EVENT OF A WORK INCURRED INJURY TO A PARTICIPATING GUEST, THAT IS, ONE WHO IS NOT ON THE PAYROLL OF THE LABORATORY.** In the event of an injury while working at the Laboratory, the individual listed in the section EMERGENCY CONTACT DATA will be contacted. Participating guests at the Berkeley Laboratory are responsible for maintaining valid insurance coverage.

**At the end of a project or program, you must stop at the Site Access Office or Division Office as part of the departure procedure to surrender any parking permit, dosimeter, identification badge, keys, and other appropriate administrative material. Failure to surrender the materials may result in loss of future access privileges.**

I certify that the above information is accurate and complete to the best of my knowledge and belief and that access to Berkeley Lab may be impacted if information is omitted or inaccurate. I understand that Berkeley Lab may verify the information and release them to obtain this information. Furthermore, I understand it is my responsibility to inform Berkeley Lab, in a timely manner, of any changes to my information and appointment as stated. I have read the above disclosure and statement and understand my responsibility.

**GUEST’S SIGNATURE**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Preparer and/or Translator Certification** *(To be signed if Sections A & B are prepared by a person other than the guest.)* I certify that I have assisted in the completion of this form and that to the best of my knowledge the information is true & accurate.

**Preparer’s/Translator’s Signature**

\_\_\_\_\_  
Print Name Signature Date



**PARTICIPATING GUEST INFORMATION FORM (PGIF) – HOST  
LAWRENCE BERKELEY NATIONAL LABORATORY**

Please type or write clearly. Please complete ALL applicable sections. Any omission may delay the guest processing.

**Section C – Host Information and Authorization** (To be completed by LBNL Host)

Please refer to FVA website, <http://www.lbl.gov/ehs/security/ufva/index.shtml>, for more details on host responsibilities.

**LBNL Organization and Host Information**

Guest Building/Rm #: _____	Orgcode for Guest: _____
Guest LBNL Mail Stop: _____	Host Name: _____
Guest Phone #: _____	Host Empl ID #: _____
Primary Facility Used: _____	Host Phone #: _____
Other Facilities Used: _____	Alternate Host Name: _____

*(in the event that daily work is directed by someone other than Host)*

**Expected Appt. Dates\*:** \_\_\_\_\_ - \_\_\_\_\_ *\*if known (May be subject to change due to guest availability or visa req.)*

**Do you want to offer a monthly stipend\*\*?**  No  Yes - **what amount per month?** \_\_\_\_\_

*\*\*May be subject to change based on budget approval & visa req. Please contact your budget approver and IRSO before proceeding.*

**Project ID #:** \_\_\_\_\_

**Will the guest have access to sensitive subjects?**  Yes  No *(If yes, HR-please fax/email to FVA at x5535 or FVA@lbl.gov)*

(Sensitive Subjects List includes the following topics: Nuclear weapons & nuclear fuel cycle; Rockets, missiles & delivery systems; Conventional arms & other defense-related technologies; Chemical & biological weapons; Advanced scientific computers & software; Business-sensitive (proprietary) information; Information & assistance). For more information visit: [http://www.lbl.gov/ehs/security/ufva/issm\\_subjects.shtml](http://www.lbl.gov/ehs/security/ufva/issm_subjects.shtml)

**Assignment Information**

Job Code:  100.0 General  100.2 Scientist  100.3 Sr. Scientist  100.4 Adm./Clerical  100.5 Mgmt  
 100.6 GSRA\*\*\*  100.7 Technical  100.8 Faculty  100.9 Student  
 100.1 Postdoc\*\*\*  100.A Postdoc – Stipend\*\*\*  100.B Postdoc (Paid by fellowship/grant)\*\*\*

Estimate Average Hours: \_\_\_\_\_ per  week  month

\*\*\*If Postdoc or GSRA, is guest working on his/her dissertation or on a LBNL sponsored project?  Yes  No

**Additional Information**

Guest Class:  CNS Consultant  DOE Emp  FDS Food Serv  FIR Firefighters  
 PSF PSF User  RES Research  SEC Security  SRV Serv Vendor  
 STS Staff/Tech  SUB Subcontractor  USR User on Proposal #: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

*(For example, collaboration on project A or proposal B on contract #123 with John Smith in the Molecular Foundry Organic Facility)*

The host and hosting division are responsible for ensuring that casual visitors or participating guests are aware of and comply with applicable Laboratory policies, including EH&S policies and substance abuse policy. RPM §1.06(A)(1)

_____	_____	<b>Prepared by:</b> _____	_____
<b>Host/Supervisor Signature</b>	<b>Date</b>	<i>(if other than host)</i> <b>Print Name</b>	<b>Date</b>
		_____ <b>Signature</b>	

<b>For Administrative Use Only</b>		<i>(if applicable)</i>	
<b>Reviewed by:</b> _____	_____	<b>Division Approved by:</b> _____	_____
Print Name	_____	Print Name	_____
Signature	_____	Signature	_____
Date	_____	Date	_____