NETL F 142.1-1 (9/2007) OPI=800 (Previous Editions Obsolete)

U.S. DEPARTMENT OF ENERGY

REQUEST FOR UNCLASSIFIED FOREIGN NATIONAL VISIT, ASSIGNMENT, OR ACCESS

(This form is to be initiated by an NETL or NETL site-support contract employee who has been officially designated as host or alternate host of a foreign national visitor or assignee. The form is required for all visitors and all assignees regardless of country of origin. The completed form is associated with and will be used during the NETL foreign national visit and assignment access request, review, and approval process.)

PRIVACY ACT STATEMENT - Collection of the information is authorized pursuant to Section 145 of the Atomic Energy Act of 1954, as amended (PL 83-703, 42 USC 2165). The primary purpose of the requested information is to determine unclassified access to facilities operated by the Department of Energy (DOE) or its contractors. Access to the information collected may be provided to appropriate Federal agencies for law enforcement purposes. Failure to provide the information may result in denial of access to DOE or contractor facilities and their personnel.

PERSONAL DATA							
Name of Foreign National (<u>Family</u> , Given, Middle) 2. Visitor Nu			mber (DOE Use Only)		3. Request Number (DOE Use Only)		
Gender						6. Date of Birth (MM/DD/YYYY)	
□ Male □ Female						On Funishing Date (MM/DDAAAA)	
7. Citizenship (List all countries) 8. Passport Num			port Numb	er		8a. Expiration Date (MM/DD/YYYY)	
9a. Permanent Resident (LPR)?	10a. Type of Visa		12a. Employment 1 Authorization Card?		14a. <i>A</i>	14a. Arrival/Departure Record?	
, ,						Yes 🗆 No	
□ Yes □ No	10b. Visa Number			□ Yes □ No □ 14b. I		Form I-94 Expiration Date (MM/DD/YYYY)	
9b. Form I-551	Expiration Date 10c. Visa Expiration Date			orm I-766			
				oiration Date M/DD/YYYY)	14c. l	ist Other Identification Documentation	
9c. Social Security	11. Is Foreign National 1: currently in the U.S.?		13. Interpreter Needed?				
Account Number (SSAN)							
(5 5 11 1)	□ Yes □ No		□ Y	□ Yes □ No			
103 110							
15. Name and Address of Current Employer				16. Name and Address of Place of Work (If different from 15)			
Name				Name			
Street				Street			
City State/Province			City State/Province				
Zip Code Division				Zip Code Division			
Country				Country			
Work Telephone Number				Work Telephone Number			
Work Facsimile (Fax) Number				Work Facsimile (Fax) Number			
E-Mail Address				E-Mail Address			
17a. Employment Title/Position, or Description of Duties for Visitor/Assignee							
17b. Current Employer Type of Business or Organization (e.g., Government, company, laboratory, university, etc.)							