Unclassified FV&A Short Form Non-Sensitive Countries Only

"All fields are required"

Visitor/Assignee:			
First Name:	Middle:	Last:	
Gender: □ Male □ Female		Permanent Resident Alien:	
Country of Citizenship:		Date of Birth:	
Country of Birth:		City of Birth:	
Passport Number:		Visa Number (If applicable)	
Employer Information:			
Institution or Company Name:			_
Country of Employer:			_
Title or Position and Duties:			
Visit:			
Site to be visited: □ Germantown □			
Type of Visit: Visit Assignment Off-site			
Will Sensitive Subjects be Discussed: □ Yes □ No			
Is this a High Level Protocol Visit? □ Yes □ No			
Select the Security Area Type at the Facility:			
□ Non-Security Area □ Property Protection Area (SC GTN & FOR are PPA area) □ Limited Area □ MAA □ Exclusion Area □ SCIF			
Host Information:			
First Name:	Middle:	Last:	
First Name: Citizenship: Does the Host have a Clearance?	F	Phone#	
Does the Host have a Clearance?	Yes □ No		
Visit Start Date & Time:		isit End Date & Time:	
Purpose of Visit:			
Subjects to be discussed:			
HDE code (SC Organizational Code):			
Justification of visit/assignment (including specific activities or involvement):			
List Buildings and Rooms to be access		-	
Building: Ro			(SC GTN & FOR are PPA)
Building: Ro	oom:	Type:	(SC GTN & FOR are PPA)
	om:	Type:	(SC GTN & FOR are PPA)
Certification of DOE Mission (describe how this Visit/Assignment will support the objectives of your program):			
Anticipated benefits to DOE Programs:			
Coulty DOE:			
Cost to DOE: Will Visit/Assignment include transfer of Technology: Yes No			
If there is to be technology transferred, describe (if none, list N/A):			
If there is to be technology transferred, describe (if holle, list N/A).			
Will Visitor/Assignee be granted computer access: □ Yes □ No			
If granted computer access, is the access on-site or off-site: On Site Off-site N/A			
List any networks to which access is g			
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