

Request for Foreign National Unclassified Visit or Assignment

PRIVACY ACT STATEMENT - Collection of the information is authorized pursuant to the Atomic Energy Act of 1954, as amended, 42 U.S.C. 2011, and the Department of Energy Organization Act, Pub. L. No. 95-91. 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. Collection of the information is mandatory. Failure to provide the information may result in denial of access to DOE or contractor facilities and their personnel.

PART I - PERSONAL DATA

1. Name of Visitor (Family, Given, Middle)		2. Visitor Number		3. Request Number	
4. Gender of Visitor Male [] Female []		5. Place of Birth (City, Country)			6. Date of Birth (MON-DD-YYYY)
7. Country of Citizenship			8. Passport Number		9. Expiration Date (MON-DD-YYYY)
10. Immigrant Alien Y/N []	11. Type of Visa 11a. Visa No.		12. Expiration Date (MON-DD-YYYY)	13. Interpreter Needed? Y/N []	14. Work Telephone 14a. Fax Number
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:		
E-Mail Address:			E-Mail Address:		
17. Title, Position, or Description of Visitor's or Assignee's Duties					
17a. Subject Area of Visit/Assignment					

PART II - VISIT/ASSIGNMENT DATA

PART IIA - VISIT/ASSIGNMENT REQUEST INFORMATION

18. Date of Request (MON-DD-YYYY)		18a. Desired Date of Visit/Assignment		19. This request is for (Check appropriate box) Visit [] Assignment [] Assignment Extension []	
20. Visitor/Assignee currently in U.S. Y/N []	21. (For assignment only) Will you Require an Exchange Visitor (J-1) visa? Y/N []		22. (For assignment only) Is the assignment for intermittent periods? Y/N []		
23. Identify specific International Agreement, if any.					
24. Name of DOE Contact			25. DOE Contact Organization		
26. DOE Contact Telephone Number		27. Name of Financial Sponsor		28. Cost (Sponsor other than DOE)	

PART IIB - VISIT/ASSIGNMENT FACILITY INFORMATION

29. Facility or Organization to be Visited/Assigned				Code	Security Y/N []	Sensitive Y/N []	Division	30. Proposed Dates (MON-DD-YYYY) Start		End
Name:										
Location:										
31. Name of Host responsible for the Visit/Assignment					32. Host's Telephone Number ()					
33. Building and Room Numbers										
34. Number of days on Site					35. Programmatic Visit/Assignment Y/N []					

Request for Foreign National Unclassified Visit or Assignment Continuation for Visits to Additional Facilities

Name of Visitor:	Request Number:
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36. Subjects to be discussed or statement of research assignment. (Include Contract No./Task No.) (Sensitive subject Y/N [])

PART IIB - VISIT/ASSIGNMENT FACILITY INFORMATION

29. Facility or Organization to be Visited/Assigned Code	Security Y/N []	Sensitive Y/N []	Division	30. Proposed Dates (MON-DD-YYYY) Start		End
Name:						
Location:						
31. Name of Host responsible for the Visit/Assignment			32. Host's Telephone Number ()			
33. Building and Room Numbers						
34. Number of days on Site			35. Programmatic Visit/Assignment Y/N []			
36. Subjects to be discussed or statement of research assignment. (Sensitive subject Y/N [])						

PART IIB - VISIT/ASSIGNMENT FACILITY INFORMATION

29. Facility or Organization to be Visited/Assigned Code	Security Y/N []	Sensitive Y/N []	Division	30. Proposed Dates (MON-DD-YYYY) Start		End
Name:						
Location:						
31. Name of Host responsible for the Visit/Assignment			32. Host's Telephone Number ()			
33. Building and Room Numbers						
34. Number of days on Site			35. Programmatic Visit/Assignment Y/N []			
36. Subjects to be discussed or statement of research assignment. (Sensitive subject Y/N [])						

PART IIB - VISIT/ASSIGNMENT FACILITY INFORMATION

29. Facility or Organization to be Visited/Assigned Code	Security Y/N []	Sensitive Y/N []	Division	30. Proposed Dates (MON-DD-YYYY) Start		End
Name:						
Location:						
31. Name of Host responsible for the Visit/Assignment			32. Host's Telephone Number ()			
33. Building and Room Numbers						
34. Number of days on Site			35. Programmatic Visit/Assignment Y/N []			
36. Subjects to be discussed or statement of research assignment. (Sensitive subject Y/N [])						

Name of Visitor:	Request Number:
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PART III - VISIT/ASSIGNMENT PROGRAM INFORMATION AND REMARKS

37. High Level/Protocol Visit? Y/N []	38. Cost (DOE)	39. B&R Code	40. HDE Assoc. Director's Code	41. Visit or Assignment Purpose Code
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42. Purpose and Justification of Visit/Assignment, including benefits to DOE program(s)

43. Name of Host	44. Title and Organization of Host
45. Signature of Host	46. Date Signed (MON-DD-YYYY)
47. Name of Division Director/Associate Director	48. Title and Organization of Division Director/Associate Director
49. Signature of Division Director/Associate Director	50. Date Signed (MON-DD-YYYY)
51. Name of NETL Director	52. Title and Organization
53. Signature of NETL Director	54. Date of NETL Director's Signature (MON-DD-YYYY)

55. Remarks

PART IV - MISCELLANEOUS INFORMATION (MANDATORY FOR DOE SPONSORED VIAs, AND IAP-66 APPLICATIONS)

56. Kind of Business or Organization of Assignee's Employer (e.g. government, company, laboratory, university)

57. Will the Assignee need access to a computer? Y/N [] Access to telephone? Y/N []

58. Educational background (include university/college training with degrees and dates conferred)

59. Field of Research

60. Family members who will accompany or join the applicant later.

Name (Family, Given, Middle):	City, Country of Birth
Date of Birth (MON-DD-YYYY)	Relationship
Citizenship	
Name (Family, Given, Middle):	City, Country of Birth
Date of Birth (MON-DD-YYYY)	Relationship
Citizenship	
Name (Family, Given, Middle):	City, Country of Birth
Date of Birth (MON-DD-YYYY)	Relationship
Citizenship	
Name (Family, Given, Middle):	City, Country of Birth
Date of Birth (MON-DD-YYYY)	Relationship
Citizenship	
Name (Family, Given, Middle):	City, Country of Birth
Date of Birth (MON-DD-YYYY)	Relationship
Citizenship	

61. Remarks

**INSTRUCTIONS FOR COMPLETING
REQUEST FOR FOREIGN NATIONAL UNCLASSIFIED VISIT OR ASSIGNMENT**

Note: Unclassified visits/assignments to privately owned facilities are not arranged by U.S. Department of Energy. If your schedule is changed, postponed, or canceled after this form is submitted, please contact the DOE Host arranging your visit/assignment promptly.

GENERAL INFORMATION

1. Purpose
This form is designed to be used by foreign nationals in arranging unclassified visits/assignments to the U.S. Department of Energy (DOE) and its contractor operated facilities.
2. Who Must Submit
This form must be completed by foreign nationals or someone acting on his/her behalf in arranging unclassified visits/assignments to DOE and its contractor operated facilities.
3. Where to Submit
Send a completed Form to U.S. Department of Energy, National EnergyTechnology Laboratory, Attn: Int'l. Program Coordinator, P.O. Box 10940, Pittsburgh, PA 15236.
If you have any questions concerning this form, call (412) 386-6145 or Fax (412) 386-6195 - Attn: Int'l. Program Coordinator.
4. When to Submit
 - A. For assignments, this form must be received at least six weeks in advance of the assignment.
 - B. For visits, when possible, this form must be received at least four weeks in advance of the visit. This is imperative for visits that involve sensitive subject or technology areas, or citizens from sensitive countries.

GENERAL INSTRUCTIONS FOR VISITOR/ASSIGNEE

1. The Visitor or Assignee is to complete the following items by typewriter or legible printing and in English.
Part I - Personal Data: 1, 4, 5, 6, 7, 8, 9, 10, 11, 11a, 12, 13, 14, 14a, 15, 16, 17, and 17a.
Part IIA - Visit/Assignment Request Information: 18, 18a, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28.
Part IV - Miscellaneous Information (Mandatory for DOE Sponsored Visits/Assignments, and IAP-66 Applications): 56, 58, 59, and 60.

SPECIFIC INSTRUCTIONS

Part I
Personal Data

<u>Item No.</u>	<u>Instructions</u>
1	Enter from the passport the full name of person for whom the visit/assignment is being requested. If no middle name enter "NMN". Use capital letters for this response. Underline family name.
2	Visitor Number is a unique number assigned by the computer system to identify individual visitors or assignees. The number is transcribed to the form by the data entry operator.
3	Request Number is a sequential number maintained for each facility by the computer system. The number is transcribed to the form by the Data Entry Operator.
4	Check the appropriate box for gender.
5	Enter the visitor's birth place the city, and country.
6	Enter visitor's date of birth. Example: Dec-13-1954
7	Enter name of the visitor's country of current citizenship.
8	Enter the visitor's passport number.
9	Enter the expiration date of the visitor's passport.
10	If you are a currently an immigrant alien, enter a "Y" in the box. An immigrant alien includes permanent resident aliens, temporary resident aliens (i.e., under amnesty), refugees, and asylees. Other foreign nationals including those authorized to work in the U.S., businessmen, students, tourists, exchange visitors, and non-immigrants, enter an "N" in the box.
11	Enter the type of Visa used to enter the U.S.
11a	Enter visa number.
12	Enter the expiration date of Visa.
13	Enter a "Y" in the box if an interpreter will be needed. This does not mean that an interpreter will be provided. When feasible, the Host will arrange for an interpreter.
14	Enter telephone work number with country and city code.
15	Enter the name and address of the visitor's current employer. State/Province are mandatory for U.S. and Canada only.
16	If different from 15, enter the name and address of the visitor's current place of work. State/Province are mandatory for U.S. and Canada only.
17	Enter the visitor's work title, position or a short description of duties.
17a	Enter subject area(s) where information will be exchanged.

Part II
Visit/Assignment Specification Data

This section is divided into Parts IIA, and IIB. Part IIA is used to report general information about the proposed visits or assignment. Part IIB is used to report detailed information for an assignment to one DOE facility. Use the addendum to request visits to more than one facility. A separate equation block is completed for each facility visited.

<u>Item No.</u>	<u>Instructions</u>
18	Enter the date this request is submitted.
18a	Enter desired date of visit/assignment.
19	Check the box that describes the purpose of this request.
20	Enter "Y" in the box if the visitor is currently in the United States, otherwise enter "N".

- 21 Indicate if the visitor will require an Exchange Visitor (J-1) Visa.
 22 Enter "Y" if the assignment involves periodic (intermittent) visits.
 23 Enter the name of the international agreement, if any, under which this visit/assignment is to take place under. Enter "N/A" if no agreement is involved.
 24 Enter the name of DOE person, if any contacted in conjunction with this request.
 25 Enter the name of the DOE organization for the person contacted in 21.
 26 Enter the telephone number of the DOE person contacted.
 27 Enter the name of the organization providing the financial support for this visit/assignment. Financial support includes salary, per diem, and travel.
 28 Enter the amount of financial support in U.S. dollars
 29 Enter the Name and Location (City, State) of the facility to be visited. If more DOE facilities will be visited under this request complete the addendum with the appropriate information.
 30 Enter proposed start and end dates for visits or assignment. Space is provided for multiple visits to the same facility. These entries will be completed by the DOE Host.
 31, 32, 33, 34, 35 Enter the Name of the Host for this visit/assignment.
 32 Enter the Telephone number of the designated Host.
 33 Enter the Identification of the Buildings and Rooms to be accessed by the visitor or assignee.
 34 Enter, the approximate, total number of work days the visitor will be on site. Total days for multiple visits.
 35 If this is a Programmatic visit/assignment, enter "Y" in the box; otherwise, enter "N", Non-Programmatic visits/assignments cover maintenance and repair staff, cafeteria workers, delivery staff, and personnel making no direct contribution to an energy program.
 36 Describe in detail, particularly for multi-site visits, what subjects may be discussed. Furnish sufficient information to establish your interests clearly, include Contract and Task numbers, if applicable. This will enable laboratory personnel to prepare adequately for your visit.

Part III
 Visit and Assignment Program Information and Remarks

Part III is completed by the DOE Host having responsibility for the program involved and desiring the visit/assignment be approved. Insure that the visitor (or his/her agent) has provided sufficient information in Parts I and II to allow proper evaluation of the request. If not, obtain the required information prior to submission of the request for processing.

<u>Item No.</u>	<u>Instructions</u>
37	Enter "Y" in box if this is a high level or protocol visit, otherwise enter "N".
38	Enter the cost that will be incurred by DOE or its contractors in supporting this visit/assignment.
39	Enter the B&R (Budget and Reporting) Code that identifies the DOE funding for this visit/assignment.
40	Enter the DOE organizational code for the HDE Associate Director for the applicable program. Enter "N/A" for non-technical visits or assignments.
41	Enter the appropriate Visit/Assignment Purpose Code from the Table listed below.
42	The purpose and justification for the visit or assignment is extremely important in the approval process, particularly if the visit/assignment involves a sensitive subject, a security area at a sensitive facility, and/or a sensitive country. Include references to applicable international agreement(s), if any.
43, 44	Enter the name and title of the Host or contractor initiating this request.
45	Signature of the Host or contractor initiating the request.
46	Date Host or contractor signed the request.
47, 48	Enter name and title of the Division Director/Associate Director.
49	Signature of Division Director/Associate Director.
50	Date Division Director/Associate Director signed the request.
51, 52	Enter the name and title of the NETL Director initiating this request.
53	Signature of the NETL Director initiating the request.
54	Date NETL Director signed the request.
55	Enter remarks about approval/disapproval, limitations concerning the visit, special security conditions, type of computer access, and any other remarks that will support arrangements for the visit/assignment or provide information for future program management.

Part IV
 Miscellaneous Information

<u>Item No.</u>	<u>Instructions</u>
56	Enter a description of the type of business for the visitor's current employer.
57	Enter "Y" for Yes and "N" for No if the assignee will need access to a computer or telephone.
58	Enter the visitor's technical qualifications, which are applicable to the visit/assignment. Include a description of university/college training and degrees conferred.
59	Enter the visitor's field of research; if not applicable enter "N/A".
60	For assignments only, enter name, citizenship, date of birth, city and country of birth, and relationship to the visitor of all family members who will accompany the visitor or join him/her at a later date. If more than four family members, enter the same information for each additional family member in the remarks section 61.

VISIT/ASSIGNMENT PURPOSE TABLE

01 - High Level/Protocol Visit	10 - Commercial/Contractor Services
02 - Information Meeting	11 - R&D Tour
03 - Speech or Presentation	12 - DOE or DOE Contractor Employee
04 - Conference/Meeting/Workshop Attendance	13 - Experimental
05 - Training	14 - Research