	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: Affiliation or Company Info:	No	*Last: Is Visitor currently in the US? Yes No *Date of Birth (mm/dd/yyyy): *City of Birth: Information		
*Institution or Company Name: Street (1): Street (2): City: Zip Code: *Title or Position and Duties:	Ali	Phone Number: Fax Number: E-mail Address: State: *Country of Employer:		
First Names		Last: Last: Last:		
Visa Information		Passport Information		
Visa Number: Visa Type: Expr Date (mm/dd/yyyy):		Passport Number: Country of Issue: Expr Date (mm/dd/yyyy):		
Place	of Work (if dif	ferent from Employer)		
Company Name: Street (1): Street (2): City: Zip Code: Country of Employer: Interpreter Needed? (circle one): Yes Business Type conducted by Employer: Educational Background: Field of Research:	No	Phone Number: Fax Number: E-mail Address: State: Title or Position:		
	Current II	.S. Address		
	Juli Gill U	ioi Additoo		
Street (1): Street (2):		City: State: Zip Code:		
	Permane	nt Address		
Street (1): Street (2): Country:		City: State: Zip Code:		

^{*} Denotes Required Information

UFV&A Request Information/Long Format IAP-66								
*Site to be visited:								
*Type of Request (circle one): Visit Assignme					Off-site			
*Will Sensitive Subjects be discussed? (circle one): Yes No								
*Is this a High Level Protocol Visit? (circle one): Yes No								
*Select the Security Area Type at the Facility (ci Non-Secu	•	Б	Proporty Dro	taction Area	Limited Area			
MAA	illy Alea		Exclusion Ar	tection Area	SCIF			
IVIAA			XCIUSION AI	ea	SOIF			
Host Information								
*Host's First Name:	Middle:			*Last:				
*Host's Citizenship:	*Phone:			Lasi.				
*Does the Host have a clearance? (circle one):	Yes	No		_				
*Desired Start Date (mm/dd/yyyy):	163	110		*Desired E	nd date:			
*Purpose of Visit:				_ DC3ilCd L				
T dipode of viola	-							
*Subjects (may list more than one):								
International Agreement Code:								
*HDE Code:								
Department/Division to be Visited:								
*Justification of visit/assignment including specif	ic activities	s or invo	olvement:					
_								
<u>-</u>								
Is the assignment for intermittent access periods				Yes No				
Number of Days On-Site:				Employment?	Yes No			
Will there be interactions with Individuals with So	ecurity Cle	arances	3:	Yes No	0			
List Individuals:				_				
First Name:	Middle:			_ Last:				
First Name:	Middle:			Last:				
First Name:	Middle:			_ Last:				
*List Buildings and Rooms to be accessed:	D			T				
Building:	Room:				Type:			
Building:	Room:			_ Type:				
Building: *Certification of DOE Mission:	Room: Type:							
Certification of DOL Mission.								
*Anticipated benefits to DOE Programs:								
*DOE Contactle First Name	N 4; -1 -1! -			*!!				
*DOE Contact's First Name:	Middle:	DO <u>F:</u>		*Last:				
*Contact's Phone: Will Visit/Assignment include transfer of Techno	*Cost to			– Voc No	. Unknown			
	٠, ،	ie one).		Yes No	o Unknown			
If there is to be technology transferred, describe	•							
Export License Required: (circle one)	Yes	No	Unkn	own				
Date Export License Requested (mm/dd/yyyy):	100	110		nse D Number:	D			
Date Export License Granted (mm/dd/yyyy):				nse D Number:	Z			
23.3 Export Electrica Granted (Hillingaryyyy).				.55 2 (10111001.	<u>– </u>			
*Will Visitor/Assignee be granted computer acce	ess? (circle	one):		Yes No	0			
If granted computer access, is the access on-sit	•	•		On-Site	Off-Site			
List any networks to which access is granted:								
Remarks/Comments (or additional information that did not fit above)								

^{*} Denotes Required Information

UFV&A Family Member Information/Long Format IAP-66									
Visitor/Assignee Name:									
Family Member									
First Name:	Middle:		Last:						
Relationship to Visitor:	Gender (circle one):		Male Femal	е					
Citizenship:	Date of Birth (mm/dd/yyyy):								
Country of Birth:	City of Birth:								
Visa Information			Passport Information	n					
Visa Type:		Country of Issue							
Expr Date (mm/dd/yyyy):	_	Expr Date (mm/							
Visa Number:		Passport Numb							
Family Member									
First Name:	Middle:		Last:						
Relationship to Visitor:	Gender (circ	cle one):	Male Femal	е					
Citizenship:		n (mm/dd/yyyy):							
Country of Birth:	City of Birth								
Visa Information			Passport Information	n					
Vice Type:		Country of loous							
Visa Type: Expr Date (mm/dd/yyyy):	-	Country of Issue Expr Date (mm/							
Visa Number:		Passport Numb							
Visa Number.		1 assport Name							
	Family	Member							
First Name:	Middle:		Last:						
Relationship to Visitor:	Gender (circle one):		Male Femal	е					
Citizenship:	Date of Birth (mm/dd/yyyy):								
Country of Birth:	City of Birth								
Visa Information Passport Information									
VISA IIIIOIIIIALIOII			Passport Information	<u> </u>					
Visa Type:		Country of Issue	:						
Expr Date (mm/dd/yyyy):			dd/yyyy):						
Visa Number:	Passport Numb								
First No. 1		Member	1 (
First Name:	Middle:	olo ono):	Last: Femal	<u> </u>					
Relationship to Visitor: Citizenship:	Gender (circle one): Date of Birth (mm/dd/yyyy):		Maie Femai	е					
Country of Birth:	City of Birth	i (iiiii/du/yyyy).		_					
Country of Birtin.	City of Birtin								
Visa Information			Passport Information	n					
Visa Type:	Country of Issue								
Expr Date (mm/dd/yyyy):			/dd/yyyy):						
Visa Number:		Passport Numb	er:						
Damaska/Comments									
Remarks/Comments									