

DISCLAIMER

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**Information Required From Uncleared U.S. Citizens for Access to
U.S. Department of Energy, Nevada Operations Office Facilities**

<hr/>			<hr/>
Name of Group			Date of Visit
<hr/>			<hr/>
Name of Contact Person		Contact's Telephone (Include Area Code)	
<hr/>		<hr/>	
LAST Name	First	Middle Initial (MI) (If no MI, write NMI)	Social Security Number
<hr/>	<hr/>	<hr/>	<hr/>
Date of Birth	Place of Birth (City and State)		Citizenship
<hr/>	<hr/>		<hr/>
Badge #:	Level of Clearance:		
<hr/>	(If Applicable)	<hr/>	(If Applicable)
 Purpose of Visit: <hr/>			
Company Name: <hr/>		Job Title: <hr/>	
<hr/>		<hr/>	
Business Street Address		Residence Street Address (No P.O. Boxes)	
<hr/>		<hr/>	
Business City, State, and ZIP Code		Residence City, State, and ZIP Code	
<hr/>		<hr/>	
Business Telephone (Include Area Code)		Residence Telephone (Include Area Code)	
<hr/>		<hr/>	

Badging Instructions (to be completed by the DOE/NV Visit Control Office):

Privacy Act Statement

The information requested on this form is protected by the Privacy Act of 1974. The purpose for requesting this information is to enable proper processing of your background information for access to the U.S. Department of Energy, Nevada Operations Office facilities. Failure to provide the requested information may preclude processing your badging request.

UFV&A Long Format

Visitor/Assignee:

*First Name: _____ *Middle: _____ *Last: _____
 *Gender (circle one): ☐ Male ☐ Female Is Visitor currently in the US?: ☐ Yes ☐ No
 *Permanent Resident Alien: ☐ Yes ☐ No
 *Country of Citizenship: _____ *Date of Birth (mm/dd/yyyy) _____
 *Country of Birth: _____ *City of Birth: _____

Employer Information

Affiliation or Company Info:

*Institution or Company Name: _____ Phone Number: _____
 Street (1): _____ Fax Number: _____
 Street (2): _____ E-mail Address: _____
 City: _____ State: _____
 Zip Code: _____ *Country of Employer: _____
 *Title or Position and Duties: _____

Aliases

First Name: _____ Middle: _____ Last: _____
 First Name: _____ Middle: _____ Last: _____
 First Name: _____ Middle: _____ Last: _____

Visa Information

Visa Number: _____
 Visa Type: _____
 Expr Date (mm/yy): _____

Passport Information

Passport Number: _____
 Country of Issue: _____
 Expr Date (mm/yy): _____

Place of Work (if different from Employer)

Company Name: _____ Phone Number: _____
 Street (1): _____ Fax Number: _____
 Street (2): _____ E-mail Address: _____
 City: _____ State: _____
 Zip Code: _____ Title or Position: _____
 Country of Employer: _____
 Interpreter Needed? (circle one): ☐ Yes ☐ No
 Business Type conducted by Employer: _____
 Educational Background: _____
 Field of Research: _____

Current U.S. Address

Street (1): _____ City: _____
 Street (2): _____ State: _____
 Zip Code: _____

Permanent Address

Street (1): _____ City: _____
 Street (2): _____ State: _____
 Country: _____ Zip Code: _____

* Denotes Required Information

UFV&A Request Information/Long Format

*Facility to be visited: _____

*Type of Request (circle one): ☐ Visit ☐ Assignment ☐ 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 (circle one):

☐ Non-Security Area ☐ Property Protection Area ☐ Limited Area
☐ MAA ☐ Exclusion Area ☐ SCIF

Host Information

*Host's First Name: _____ Middle: _____ *Last: _____

*Host's Citizenship: _____ *Phone: _____

*Does the Host have a clearance? (circle one): ☐ Yes ☐ No

*Desired Start Date (mm/dd/yyyy): _____ *Desired End date: _____

*Purpose of Visit: _____

*Subjects (may list more than one): _____

International Agreement Code: _____

*HDE Code: _____

Department/Division to be Visited: _____

*Justification of visit/assignment including specific activities or involvement: _____

*Is the assignment for intermittent access periods? (circle one): ☐ Yes ☐ No

Number of Days On-Site: _____ Is this Visit/Assignment for Employment?: ☐ Yes ☐ No

Will there be interactions with Individuals with Security Clearances: ☐ Yes ☐ No

List Individuals:

First Name: _____	Middle: _____	Last: _____
First Name: _____	Middle: _____	Last: _____
First Name: _____	Middle: _____	Last: _____

*List Buildings and Rooms to be accessed:

Building: _____	Room: _____	Type: _____
Building: _____	Room: _____	Type: _____
Building: _____	Room: _____	Type: _____

*Certification of DOE Mission: _____

*Anticipated benefits to DOE Programs: _____

*DOE Contact's First Name: _____ Middle: _____ *Last: _____

*Contact's Phone: _____ *Cost to DOE: _____

*Will Visit/Assignment include transfer of Technology? (circle one): ☐ Yes ☐ No ☐ Unknown

If there is to be technology transferred, describe: _____

*Export License Required (circle one): ☐ Yes ☐ No ☐ Unknown

Date Export License Requested (mm/dd/yyyy): _____ License D Number: D

Date Export License Granted (mm/dd/yyyy): _____ License D Number: Z

*Will Visitor/Assignee be granted computer access? (circle one): ☐ Yes ☐ No

If granted computer access, is the access on-site or off-site?: ☐ 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