## **DISCLAIMER**

Electronic versions of the exhibits in these minutes may not be complete.

This information is supplied as an informational service only and should not be relied upon as an official record.

Original exhibits are on file at the Legislative Counsel Bureau Research Library in Carson City.

Contact the Library at (775) 684-6827 or library@lcb.state.nv.us.

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

	Name of Group	Date of Visit		
Name of Contact Person		Contact's Telephone (Include Area Code)		
_AST Name	First	Middle Initial (MI) (If no MI, write NMI)	Social Security Number	
Date of Birth	Place of Bi	rth (City and State)	Citizenship	
Badge #:(if Applicable)		Level of Clearance:	Level of Clearance: (If Applicable)	
Purpose of Visit:				
Company Name:		Job Title:		
Business Street Address		Residence Street Address (No P.O. Boxes)		
Business City, State, an	d ZIP Code	Residence City, State, and ZiP Code		
Business Telephone (in	clude Area Code)	Residence Telephone (Include Area Code)		
Badging Instructions (to	be completed by the	ne DOE/NV Visit Control Offic	e):	
1				

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.

EXHIBIT C Committee on Transportation

Date: 02-11-03 Page 1 of 3

First Name: "Middle: Is Visitor currently in the US?: Internate Permanent Resident Alien: Is Visitor currently in the US?: Internate Permanent Resident Alien: Internation Page and the properties of the properti		UFV&A Lo	ng Format	
First Name:  First	Visitor/Assignee:			
Permanent Resident Alien:	*First Name:	*Middle:		
**Country of Citizenship: **Country of Birth: **Country of Employer: **Country	CO11001 (21/212 21/2)	~1.1.	is visitor currently in the US r1 res1NO	
Country of Birth:   City of Birth:	*Permanent Resident Alien:	⊒No	AD 1 CD II (Iddhann)	
Employer Information	*Country of Citizenship:			
Affiliation or Company Info:  *Institution or Company Name:  Street (1):  Street (2):  City:  Street (2):  State:  *Country of Employer:  First Name:  Middle:  First Name:  Middle:  Visa Information  Visa Number:  Visa Number:  Visa Type:  Expr Date (mm/yy):  Place of Work (if different from Employer)  Phone Number:  Street (2):  Company Name:  Street (2):  Street (2):  Street (2):  Street (2):  Street (2):  Street (1):  Street (2):  Street (3):  Street (4):  Street (5):  Street (6):  Street (7):  Street (7):  Street (8):  Street (9):  Street (9):  Street (1):  Street (2):  Street (1):  Street (1):  Street (2):  Street (1):  Street (2):  Street (3):  Street (4):  Street (5):  Street (6):  Street (7):  Street (7):  Street (8):  Street (9):  Street (1):  Street (2):  Street (1):  Street (1):  Street (2):  Street (1):  Street (2):  Street (3):  Street (4):  Street (5):  Street (6):  Street (7):  Street (7):  Street (8):  Street (9):  Street (1):  Street (1):  Street (1):  Street (2):  Street (1):  Street (2):  Street (2):  Street (3):  Street (4):  Street (5):  Street (6):  Street (7):  Street (7):  Street (8):  Street (9):  Street (1):  Street (1):  Street (1):  Street (1):  Street (1):  Street (1):  Street (2):  Street (1):  Street (2):  Street (3):  Street (4):  Street (6):  Street (7):  Street (7):  Street (8):  Street (9):  Street (1):  Street (1):  Street (1):  Street (1):  Street (2):  Street (1):  Street (2):  Street (1):  Street (2):  Street (3):  Street (1):  Street (1):  Street (2):  Street (3):  Street (4):  Street (6):  Street (7):  Street (7):  Street (7):  Street (7):  Street (8):  Street (8):  Street (9):  Street (1):  Street (1):  Street (1):  Street (1):  Street (1):  Street (2):  Street (1):  Street (1):  Street (1):  Street (1):  Street (1):  Street (1	·		*City of Birth:	
Affiliation or Company Info:  *Institution or Company Name:  Street (1):  Street (2):  City:  Street (2):  State:  *Country of Employer:  First Name:  Middle:  First Name:  Middle:  Visa Information  Visa Number:  Visa Number:  Visa Type:  Expr Date (mm/yy):  Place of Work (if different from Employer)  Phone Number:  Street (2):  Company Name:  Street (2):  Street (2):  Street (2):  Street (2):  Street (2):  Street (1):  Street (2):  Street (3):  Street (4):  Street (5):  Street (6):  Street (7):  Street (7):  Street (8):  Street (9):  Street (9):  Street (1):  Street (2):  Street (1):  Street (1):  Street (2):  Street (1):  Street (2):  Street (3):  Street (4):  Street (5):  Street (6):  Street (7):  Street (7):  Street (8):  Street (9):  Street (1):  Street (2):  Street (1):  Street (1):  Street (2):  Street (1):  Street (2):  Street (3):  Street (4):  Street (5):  Street (6):  Street (7):  Street (7):  Street (8):  Street (9):  Street (1):  Street (1):  Street (1):  Street (2):  Street (1):  Street (2):  Street (2):  Street (3):  Street (4):  Street (5):  Street (6):  Street (7):  Street (7):  Street (8):  Street (9):  Street (1):  Street (1):  Street (1):  Street (1):  Street (1):  Street (1):  Street (2):  Street (1):  Street (2):  Street (3):  Street (4):  Street (6):  Street (7):  Street (7):  Street (8):  Street (9):  Street (1):  Street (1):  Street (1):  Street (1):  Street (2):  Street (1):  Street (2):  Street (1):  Street (2):  Street (3):  Street (1):  Street (1):  Street (2):  Street (3):  Street (4):  Street (6):  Street (7):  Street (7):  Street (7):  Street (7):  Street (8):  Street (8):  Street (9):  Street (1):  Street (1):  Street (1):  Street (1):  Street (1):  Street (2):  Street (1):  Street (1):  Street (1):  Street (1):  Street (1):  Street (1		Employer	Information	
Institution or Company Name:		Linpioye		
Institution or Company Name:	Affiliation or Company Info:			
Street (1):			Phone Number:	
Street (2):   State:			Fax Number:	
City: State:  Zip Code: **Country of Employer:  Title or Position and Duties:  Aliases  Aliases  Aliases  Aliases  First Name: Middle: Last: Last: Last: Last: Last: Middle: Last: L	• •			
Title or Position and Duties:    Title or Position and Duties:   Country of Employer:	• •	<del></del>	State:	
Title or Position and Duties:  Aliases  First Name:				
Aliases   Middle:	Zip Code:			
First Name	*Title or Position and Duties.			
First Name				
First Name: First Name:  Visa Information  Visa Number: Visa Type: Expr Date (mm/yy):  Place of Work (if different from Employer)  Company Name: Street (1): Street (2): Country of Employer: Interpreter Needed? (circle one): Interpreter Needed?		Āl	lases	
First Name: First Name:  Visa Information  Visa Number: Visa Type: Expr Date (mm/yy):  Place of Work (if different from Employer)  Company Name: Street (1): Street (2): Country of Employer: Interpreter Needed? (circle one): Interpreter Needed?		Middle:	Last:	
First Name:    Visa Information				
Visa Information  Visa Number: Visa Type: Expr Date (mm/yy):  Place of Work (if different from Employer)  Company Name: Street (1): Street (2): City: Interpreter Needed? (circle one):		_ •		
Visa Number: Visa Type: Expr Date (mm/yy):  Place of Work (if different from Employer)  Company Name: Street (1): Street (2): City: Country of Employer: Interpreter Needed? (circle one):	First Name:	_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Visa Type: Expr Date (mm/yy):  Place of Work (if different from Employer)  Company Name: Street (1): Street (2): City: Zip Code: Country of Employer: Interpreter Needed? (circle one):	Visa Information		Passport Information	
Visa Type: Expr Date (mm/yy):  Place of Work (if different from Employer)  Company Name: Street (1): Street (2): City: Zip Code: Country of Employer: Interpreter Needed? (circle one):			S A Mountage	
Expr Date (mm/yy):  Expr Date (mm/yy):  Place of Work (if different from Employer)  Company Name: Street (1): Street (2): Street (2): State: City: Code: Country of Employer: Interpreter Needed? (circle one):	Visa Number:			
Place of Work (if different from Employer)  Company Name:	Visa Type:			
Company Name:	Expr Date (mm/yy):		Expr Date (marryy).	
Company Name:	Place	of Work (if d	ifferent from Employer)	
Street (1): Street (2): Street (2): City: Zip Code: Country of Employer: Interpreter Needed? (circle one):	Fiace	01 110111 (11 4		
Street (1):	Company Name:	Phone Number:		
Street (2):				
City:  Zip Code:  Country of Employer: Interpreter Needed? (circle one):				
Zip Code:  Country of Employer: Interpreter Needed? (circle one):	• •	State:		
Country of Employer: Interpreter Needed? (circle one):				
Interpreter Needed? (circle one):	Country of Employer:		<del>_</del>	
Business Type conducted by Employer:  Educational Background: Field of Research:  Current U.S. Address  Street (1): Street (2):  Permanent Address  Street (1): Street (2):  Street (2):  Street (2):  Street (3): Street (4): Street (5): Street (6): Street (7):	Interpreter Needed? (circle one): Yes	□No	<del>_</del>	
Educational Background:   Field of Research:	Business Type conducted by Employer:			
Current U.S. Address	Educational Background:	=		
Current U.S. Address	Educational packground.			
Street (1):         City:           Street (2):         State:           Zip Code:         Permanent Address           Street (1):         City:           State:         State:           Street (2):         Zin Code:	Ligid of Vesegrati			
Street (1):         City:           Street (2):         State:           Zip Code:         Permanent Address           Street (1):         City:           State:         State:           Street (2):         Zin Code:				
Street (1):  Street (2):  Permanent Address  City: Street (1): Street (2):  Street (2):  Zip Code:		Curren	t U.S. Address	
Street (1):  Street (2):  Permanent Address  City: Street (1): Street (2):  Street (2):  Zip Code:	Charact (4):		City:	
Permanent Address				
Street (1): City: State: Street (2): Zin Code:	Jueer (2).		Zip Code:	
Street (1): City: State: Street (2): Zin Code:		Perma	anent Address	
Street (1).  Street (2):  State:  Zin Code:				
Street (2):	Street (1):			
T VALUE V	•		Zip Code:	

<sup>\*</sup> Denotes Required Information

UFV&/	A Request Information/Long I	Format				
Facility to be visited:						
*Type of Request (circle one):	): ∐Yes ☐ No circle one):	□Off-site tection Area □Limited Area				
□MAA	☐ Exclusion Are	ea SCIF				
Host Information						
*Host's First Name:	Middle:	*Last:				
*Host's Citizenship:	*Phone:	_				
*Does the Host have a clearance? (circle one) *Desired Start Date (mm/dd/yyyy): *Purpose of Visit:	;⊡Yes □No	*Desired End date:				
*Subjects (may list more than one):						
International Agreement Code:						
*HDE Code:						
Department/Division to be Visited:	ocific activities or involvement					
*Justification of visit/assignment including spe	SOUR SOUVILIES OF ILLADIABILICATION					
*Is the assignment for intermittent access per	riods? (circle one):	□Yes □No				
Number of Dave On-Site	IS this visit/Assignment for	r 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:	_	T				
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:					
*Mail Visit/Assignment include transfer of Te	echnology? (circle one):	☐Yes ☐No ☐Unknown				
If there is to be technology transferred, des	cribe:					
*Export License Required (circle one):		nknown				
Date Export License Requested (mm/dd/yy	T 7 / 1	cense D Number: D				
Date Export License Granted (mm/dd/yyyy)	): Li	cense D Number: Z				
· I						
*Will Visitor/Assignee be granted computer	access? (circle one):	☐Yes ☐No ☐On-Site ☐Off-Site				
If granted computer access, is the access of	on-site or off-site?	Mon-site Mon-site				
List any networks to which access is grante	ed:					
1		on that did not fit above)				
Remarks/Comm	nents (or additional informatio	on that did not he above				
\						

<sup>\*</sup> Denotes Required Information