

# Unclassified Foreign Visit/Assignment Request Information

|   |  |  |  |
|---|--|--|--|
| <b>Name of Visitor/Assignee</b>   |  |  |  |
| *First Name   |  | *Middle  |  |
|   |  | *Last  |  |
| <b>Form Determination Information</b>   |  |  |  |
| *Facility to be Visited   |  |  | Is this an off-site meeting?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| *Select the Security Area Type at the Facility (choose highest area type in case multiple areas are to be visited)  |  |  |  |
| <input type="checkbox"/> Non-Security Area  |  | <input type="checkbox"/> Property Protection Area  |  |
| <input type="checkbox"/> MAA  |  | <input type="checkbox"/> Limited Area  |  |
|   |  | <input type="checkbox"/> Exclusion Area  |  |
|   |  | <input type="checkbox"/> Protected Area  |  |
|   |  | <input type="checkbox"/> SCIF  |  |
| *Country of Employer  |  | *Will sensitive subjects be discussed?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| *Is this an IAP-66 (DS-2019) assignment?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  | *Does the Host have a clearance?<br><input type="checkbox"/> Yes <input type="checkbox"/> No       |  |
| *Type of Request (Check One)  |  |  |  |
| <input type="checkbox"/> Visit <input type="checkbox"/> Assignment <input type="checkbox"/> Extension of an Assignment <input type="checkbox"/> High Level Protocol Visit |  |  |  |
| <b>Biographical Information</b>   |  |  |  |
| *Gender<br><input type="checkbox"/> Female <input type="checkbox"/> Male  |  | Is Visitor currently in the U.S.?<br><input type="checkbox"/> Yes <input type="checkbox"/> No      |  |
|   |  | *Permanent Resident Alien<br><input type="checkbox"/> Yes <input type="checkbox"/> No              |  |
| Green Card Exp Date (mm/dd/yyyy)  |  | *Country of Citizenship  |  |
|   |  | *Date of Birth (mm/dd/yyyy)  |  |
| *Country of Birth   |  | *City of Birth   |  |
|   |  | Aliases (optional)   |  |
| <b>Employer Information</b>   |  |  |  |
| Affiliation or Company Information  |  |  |  |
| *Institution or Company Name  |  | Street (1)   |  |
|   |  | Street (2)   |  |
| City  |  | State  |  |
|   |  | Zip Code   |  |
|   |  | *Country of Employer   |  |
| Phone No.   |  | Fax No.  |  |
|   |  | E-mail Address   |  |
| *Title or Position and Duties   |  |  |  |
|   |  |  |  |
| <b>Visa Information</b>   |  | <b>Passport Information</b>  |  |
| Visa No.  |  | Passport No.   |  |
| Visa Type   |  | Country of Issue   |  |
| Expiration Date (mm/dd/yyyy)  |  | Expiration Date (mm/dd/yyyy)   |  |
| <b>Place of Work (if different from Employer)</b>   |  |  |  |
| Company Name  |  | Street (1)   |  |
|   |  | Street (2)   |  |
| City  |  | State  |  |
|   |  | Zip Code   |  |
|   |  | Country of Employer  |  |
| Phone No.   |  | Fax No.  |  |
|   |  | E-mail Address   |  |
| Title or Position and Duties  |  |  |  |
|   |  |  |  |
| Interpreter Needed? (check one)   |  |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |  |