



VISITOR REQUEST FORM

Primary Host/Escort Name:	Telephone Ext.:	Dept.:
Visit Location (Site, Lobby & Interior location of meeting):	Date	
	From:	To:

COMPANY REPRESENTED

Company Name:	Company Incorporated in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>
Street Address:	City, State: Region/Country:

NAME(S) OF VISITOR(S)

(To Be Completed By Visitor)

Name (First, Middle, Last)	Date of Birth (mm/dd/yyyy)	Place of Birth	Type ID	Passport #/ Resident Alien Card	Exp. Date (mm/dd/yyyy)	Issuing Country	Citizenship / Dual Citizenship

****CURRENT RESIDENCE** (City & State):

Type of identification Symbol: RA = Resident Alien Card, PP = Passport, DL = Driver's License with photo

REASON FOR VISIT (Provide a detailed description):

DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY THE HOST

- Will technical data as defined in ITAR part 120.10 or 121 or technology defined in EAR part 772 be discussed
Yes No
- Contract/Job name and number visit is related to: _____
- Will classified information relating to a U.S. government program be released or discussed? Yes No
If yes, level of classified: _____
- Indicate the applicable export authority (i.e. license no., TAA, MLA) _____
- Will there be a tour, facility walk-through, or system/hardware demo? Yes No
If yes, what areas will be visited: _____
- Will any information other than general business data or information already in the public domain or which DOD/DOS/DOE approved for public release be discussed or released (e.g. financial data)? Yes No

I certify that I have read and understand my responsibilities for hosting a visitor. I understand that I must comply with sector procedures regarding the export of technical data.

Host/Escort Employee Signature:	Date:
Name (Print):	Employee #: _____ Telephone #: _____

INTERNATIONAL APPROVAL NEEDED

Security Officer / Manager Name (Print)	Signature	Extension	Date
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