

SITE TOUR INFORMATION

U.S. Department of Energy
Idaho Operations Office (DOE-ID)

Detailed facility tours will be conducted the week of July 26, 2004 following issuance of the final RFP.

To ensure the Idaho Cleanup Project site tours are successful, there are several details that must be taken care of prior to your visit.

For the tour we recommend comfortable clothing, suitable for an industrial environment, and made of natural fibers (cotton or wool). Sturdy leather, closed toe and heel shoes are required.

The only acceptable photo identifications are your driver's license, military identification, or passport.

DOE must have a completed Site Tour Registration Sheet (page 2 of this attachment) on each visitor by 3:00 p.m. Mountain Time on July 22, 2004. Foreign Nationals must also complete Form 473.78 (pages 3 and 4 of this attachment).

If you register to go on the tour and cannot attend please notify Annette Lusk (208) 525-3909 or via e-mail at luskal@id.doe.gov as soon as possible.

SITE TOUR REGISTRATION SHEET

PLEASE TYPE OR PRINT:

Full Name: _____
(as it appears on your photo identification)

Visitor's Title: _____

Company Name and
Address: _____

Company Telephone Number: _____ FAX Number: _____

Social Security Number: _____ Date of Birth: _____

Place of Birth: _____ Citizenship: _____

Home Address:

Home Telephone Number:

473.78
05/02/2001
Rev. 04

RECORD OF FOREIGN NATIONAL CONTACT, VISIT, OR ASSIGNMENT

**All information must be completed in detail or the form will be returned without processing.
Any changes to the request after submittal will require additional approval.**

Request for Approval of Foreign National Visit or Assignment

1. Today's Date: _____

Host of Foreign Visitor/Assignee Information:

2. First Name: _____ Middle Name: _____ Last Name: _____
S No.: _____ Mail Stop: _____ Org. Number: _____
Phone Number: _____ E-mail Address: _____ FAX Number: _____
Citizenship: _____ Clearance Level: _____

NON U.S. Citizen Visitor/Assignee Information:

3. Last Name _____ First Name _____ Middle Name (mandatory "nmn" if none) _____

Title (Mr.) _____

Aliases (Other names known by or different spellings of name): _____

4. Gender: Male Female 5. Birth Date (MM/DD/YYYY): _____

6. Place of Birth: City/Province/Region: _____ Country: _____

Citizenship: _____

7. Does Visitor/Assignee maintain dual citizenship? Yes No

If Yes, provide both countries in the Citizenship box below and indicate which country the individual resides.

Citizenship	Citizenship	Country of Residence
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8. Passport Number: _____ Passport Expiration: _____ Issuing Country: _____

9. Is visitor/assignee currently in U. S.? Yes No

If Yes, is visitor/assignee an Immigrant Alien (See definition in instructions): Yes No

Has an application for U. S. Naturalization been filed? Yes No Date Filed: _____

Is visitor/assignee a Permanent Resident Alien? Yes No

If Yes, Provide Green Card Number and Expiration Date (See Instructions):

Green Card Number: _____ Expiration Date: _____ Social Security No.: _____

10. Visa Type: _____ Visa Number: _____ Expiration Date: _____

Will an Exchange Visitor (J-1) visa be required? Yes No

Link: _____

11a. Current Employer, University, or Institution Affiliation: _____

Division: _____ Job Title: _____

Street Address

City

State

Zip

DE-RP07-03ID14516
Section L – Attachment 4

Country: _____ Work Phone: _____

E-mail: _____ Fax Number: _____

Is work location different from employer's address listed above? Yes No

If Yes, enter address here: _____

11b. Kind of business or organization of assignee's employer (e.g., government, company, laboratory, university): _____

11c. In what capacity will the foreign national work while at INEEL (student, visitor, post doc., consultant, maintenance, etc.) If a student, specify whether or not they are part of the INERA program: _____

11d. Educational background (including university/college training with degrees and dates conferred): _____

11e. Field of research: _____

11f. Is the foreign assignee bringing any family members with them (now or later)? Yes No

If Yes, provide the following information for each accompanying family member.

Last Name	First Name	Middle Name
_____	_____	_____

Place of Birth	City	Country
_____	_____	_____

Date of Birth (MM/DD/YYYY)	Relationship	Citizenship
_____	_____	_____

FV&A Section

Date Request Received: _____ Visit Number: _____ Request Number: _____

Facility Code: _____ Tour Number: _____

Interaction Type : Visit Assignment Employee Sensitive Non-sensitive

Was an OPSEC review conducted on this interaction? Yes No

If Yes, were there any recommendations? _____

Was it determined that an OPSEC walkdown needed to be conducted? Yes No

If Yes, were there any recommendations? _____

ADP access required? Yes No ADP risk assessment conducted? Yes No

Was visit cancelled? Yes No Was visit approved? Yes No

Was indices check required/completed? Yes No NA

Was indices waiver process initiated? Yes No NA

Remarks/Approval comments: _____