

**UNCLASSIFIED FOREIGN VISIT/ASSIGNMENT REQUEST INFORMATION (Documentation Format)**

<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? <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"/> Limited Area <input type="checkbox"/> Exclusion Area <input type="checkbox"/> MAA <input type="checkbox"/> Protected Area <input type="checkbox"/> SCIF	
Country of Employer: _____	
Will sensitive subjects be discussed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this an IAP-66 (DS-2019) assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the Host have a clearance? <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: <input type="checkbox"/> Female <input type="checkbox"/> Male      Is Visitor currently in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Permanent Resident Alien: <input type="checkbox"/> Yes <input type="checkbox"/> No      Green Card exp. date (mm/dd/yyyy): _____ S.S.#: _____	
Country of Citizenship: _____      Date of Birth (mm/dd/yyyy): _____	
Country of Birth: _____      City of Birth: _____	
Aliases (optional): _____	
<b>Employer Information</b>	
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: _____	
<b>Status Information</b>	<b>Identification Information</b>
Unique Number: _____	Unique Number: _____
Visa Type: _____	Country of Issue: _____
Exp. Date (mm/dd/yyyy) _____	Exp. Date (mm/dd/yyyy): _____
Other Status Information: _____	Other Identification Information: _____
<b>Place of Work (if different from Employer)</b>	
Company Name: _____ Phone Number: _____	
Street (1): _____ Fax Number: _____	
Street (2): _____ E-mail Address: _____	
City: _____ State: _____	
Zip Code: _____ Country: _____	
Title or Position and Duties: _____	
Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No      Business Type conducted by Employer: _____	
Educational Background: _____	
Field of Research: _____	
Accompanying Family Information: _____	
Additional Biographical Information:	
<i>Current U.S. Address:</i>	
Street (1): _____	City: _____
Street (2): _____	State: _____
	Zip Code: _____
<i>Permanent Address:</i>	
Street (1): _____	City: _____
Street (2): _____	State: _____
	Zip Code: _____
<b>Remarks:</b> _____	

**Visit Request Information**

Type of Request: *Comes from Form Determination*

Off Site Meeting?  Yes  No

Is this a High Level Protocol Visit?  Yes  No

Will Sensitive Subjects be discussed?  Yes  No

Select Area Type at the Facility: *Comes from Form Determination*

**Host Information**

Host's First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Host's Citizenship: \_\_\_\_\_ Phone: \_\_\_\_\_

Does Host have a clearance?  Yes  No

**Visit Information**

Desired Start Date (mm/dd/yyyy): \_\_\_\_\_ Desired End Date (mm/dd/yyyy): \_\_\_\_\_

Subject(s): \_\_\_\_\_  
\_\_\_\_\_

International Agreement Code: \_\_\_\_\_

HDE Code: \_\_\_\_\_

Justification of Visit/Assignment, including specific activities or involvement: \_\_\_\_\_  
\_\_\_\_\_

Purpose of Visit: \_\_\_\_\_

**Remarks/Comments** (or additional information that did not fit above)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*Denotes Required Information*