

UNCLASSIFIED FOREIGN VISIT/ASSIGNMENT REQUEST INFORMATION (Documentation Format)

Name of Visitor/Assignee	
First Name: _____ Middle: _____ Last: _____	
Form Determination Information	
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	
Biographical Information	
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): _____	
Employer Information	
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: _____	
Status Information	Identification Information
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: _____
Place of Work (if different from Employer)	
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>	City: _____
Street (1): _____	State: _____
Street (2): _____	Zip Code: _____
<i>Permanent Address:</i>	City: _____
Street (1): _____	State: _____
Street (2): _____	Zip Code: _____
Remarks: _____	

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)

