

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: _____ Visa Type: _____ Exp. Date (mm/dd/yyyy): _____ Other Status Information: _____	Unique Number: _____ Country of Issue: _____ Exp. Date (mm/dd/yyyy): _____ 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: Current U.S. Address: _____ City: _____ Street (1): _____ State: _____ Street (2): _____ Zip Code: _____ Permanent Address: _____ 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)

**Denotes Required Information*