

OUO (WHEN COMPLETED)

SA 2730-CVA (3-2008)
Supersedes (1-2008) issue

**Return to Badge Office
MS 0171 (fax 284-8812)**

SITE (if other than
SNL/NM): _____

CLASSIFIED VISIT AUTHORIZATION

The following information must be completed in order to ensure your visitors will have badges waiting for their upcoming classified visit. Any questions regarding Incoming Classified Visits, call 845-8140. Sandians hosting classified visits must submit their lists to the Incoming Classified Office located at the Badge Office **FIVE WORKING DAYS** prior to the visit date.

(If complete information is not provided, expect delays in processing visit requests.)

VISIT DATES: Begin: _____ End: _____

BADGE DATES: Begin: _____ End: _____

PROGRAM/MEETING NAME/PURPOSE: _____

MEETING ACCESS LEVEL: _____
(e.g., SRD/CNWDI, SRD/NO CNWDI, SNSI, AREA, etc.)

SIGMAs (IF APPLICABLE): _____
(i.e., 1, 2, 3)

HOST NAME: _____

CO-HOST NAME: _____

ORG./MAIL STOP: _____

TELEPHONE: _____

TELEPHONE NO.: _____

FAX NO.: _____

FAX NO.: _____

VISITOR LIST

Social Security No.	Full Name (Last, First, Middle Initial)	Company Name
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

NOTE: If more than 10 names, please attach list including all required information.

Are T-Badges Being Requested? Yes No

If the T-Badge request is for less than 25 visitors then a [SA 2730-TMP](#) will need to be submitted to the Badge Office for approval.

I have briefed/will brief all visitors on all prohibited and controlled articles referenced in CPR400.3.10, Prohibited and Controlled Items, prior to his or her visit on SNL premises.

Host Signature (Must be Q or L cleared)

Date

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