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| OUO  REQUEST FOR UNCLASSIFIED VISIT |
| Host and/or individual is responsible for the return of all security badges prior to departure.  Ensure badge is returned as instructed for proper destruction when no longer required or upon expiration.  Request must be received a minimum of SEVEN working days prior to visit or expect a processing delay. |

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| Return to SNL Administration  MS-1392 (Fax 702-295-8232)  Info Line: 702-295-8100 x118 | FORM MUST BE LEGIBLE  IF HANDWRITTEN | Visit Key # \_\_\_\_\_\_\_\_\_\_\_\_\_  (For Badge Office Use Only) |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| SNL  Point of Contact | Not Required | | | | |  | | | | | | | Phone No. | | | | |  | | |
|  | 1. SSN | | | | | Name *(Must be Q or L cleared)* | | | | | | |  | | | | | 2. | | |
|  |  | | | | | | | | | | Org. | TTR | | | | Fax No. | | | (702) 295-8232 | |
|  | 3. Signature | | | | | | | | | | | 4. | | | | | | | 5. | |
| 6. Date(s) of Visit | | | |  | | | | | | 7. Location of Visit | | | | | TONOPAH/TTR | | | | |
|  | | | |  | | | | | |  | | | | |  | | | | |
| 8. Specific Purpose of Visit | | | |  | | | | | | | | | | | | | | | |
| 9. Point of Entry | | | | | | | Main Gate | | | | | | | Cedar Gate | | | | | |
| 10. Meals and/or Lodging Services | | | | | | | Meals | | | | | | | Lodging | | | | | |
| 11. Are the individuals listed below U.S. Citizens? | | | | | | | Yes | | | | | | | No | | | | | |
| (Proof of citizenship required for all non-US born individuals) | | | | | | | | | | | | | |  | | | | | |
|  | |  |  | | | | |  |  | | | | | | | |  |  | |
| 12.a SSN | |  | b. Full/Legal Name of Visitor | | | | |  | c. Company/Other Affiliation | | | | | | | |  | d. Date of Birth | |
|  | |  |  | | | | |  | Address | | | | | | | |  |  | |
| e. Place of Birth: | | | | | f. Naturalization #: | | | | | | g. Company/Other Phone #: | | | | | | | | |
|  | |  |  | | | | |  |  | | | | | | | |  |  | |
| 13.a SSN | |  | b. Full/Legal Name of Visitor | | | | |  | c. Company/Other Affiliation | | | | | | | |  | d. Date of Birth | |
|  | |  |  | | | | |  | Address | | | | | | | |  |  | |
| e. Place of Birth: | | | | | f. Naturalization #: | | | | | | g. Company/Other Phone #: | | | | | | | | |
|  | |  |  | | | | |  |  | | | | | | | |  |  | |
| 14.a SSN | |  | b. Full/Legal Name of Visitor | | | | |  | c. Company/Other Affiliation | | | | | | | |  | d. Date of Birth | |
|  | |  |  | | | | |  | Address | | | | | | | |  |  | |
| e. Place of Birth: | | | | | f. Naturalization #: | | | | | | g. Company/Other Phone #: | | | | | | | | |
|  | |  |  | | | | |  |  | | | | | | | |  |  | |
| 15.a SSN | |  | b. Full/Legal Name of Visitor | | | | |  | c. Company/Other Affiliation | | | | | | | |  | d. Date of Birth | |
|  | |  |  | | | | |  | Address | | | | | | | |  |  | |
| e. Place of Birth: | | | | | f. Naturalization #: | | | | | | g. Company/Other Phone #: | | | | | | | | |
|  | |  |  | | | | |  |  | | | | | | | |  |  | | |
| 16.a SSN | |  | b. Full/Legal Name of Visitor | | | | |  | c. Company/Other Affiliation | | | | | | | |  | d. Date of Birth | | |
|  | |  |  | | | | |  | Address | | | | | | | |  |  | | |
| e. Place of Birth: | | | | | f. Naturalization #: | | | | | | g. Company/Other Phone #: | | | | | | | | | |