

TONOPAH

Official Use Only/PII (When Filled Out) 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.

**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)

SNL
Point of Contact Not Required Phone No. _____
1. SSN _____ Name *(Must be Q or L cleared)* _____ 2. _____
3. Signature _____ Org. TTR Fax No. (702) 295-8232
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 #: _____

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PRIVACY ACT INFORMATION STATEMENT

Collection of the information requested is authorized by Section 145 of the Atomic Energy Act of 1954, as amended (PL 83-703, 42 USC 2165). Compliance with this request is voluntary; however, if the information submitted is inadequate or incomplete, approval for your visit to a classified or unclassified DOE Facility, or your access to classified or unclassified information may be delayed or withheld. The information you furnish will be used by DOE and DOE contractors to control access to the various forms of classification information and areas.