

SPECIALTY - SENSITIVE EQUIPMENT/PROPERTY REQUEST			<i>(SNL Use Only)</i>
I. USE AND REMOVAL			No. _____
Name: _____ <small>(Last) (First) (Middle Initial)</small>	Sponsoring Org.: _____	SS#: XXX-XX-_____	Clearance Level
Location of Work: <u>TONOPAH TEST RANGE</u>	Duties Requiring Permit: _____	End Date: _____ <small>Not to exceed one year</small>	<input type="checkbox"/> Q <input type="checkbox"/> L <input type="checkbox"/> Top Secret <input type="checkbox"/> Secret <input type="checkbox"/> Uncleared
DISTRIBUTION/ENTRY POINT: <input type="checkbox"/> MAIN GATE <input type="checkbox"/> CEDAR GATE			
II. SENSITIVE EQUIPMENT			
<i>Make, Model and Serial/Property Number(s)</i>		<i>Make, Model and Serial/Property Number(s)</i>	
Camera / Video Equipment _____	Binoculars/Range Finders: _____		
Camera / Video Equipment _____	Electronic Equipment: _____		
Laptop/Computer (no camera): _____	Other – please specify: _____		
External / Associated Media: _____	_____		
Smart/Cell Phones (no camera): _____	_____		
<small>--includes all associated cables, power cords and peripherals</small>			
III. RECORDING PERMIT		IV. PROPERTY/NON-SENSITIVE EQUIPMENT/MEDICAL DEVICES	
Use of recording equipment (photographic or video) must be in the performance of official duties, limited to equipment specified and approved in advance.			
PERSONNEL SHALL COMPLY WITH THE FOLLOWING PROCEDURES AND RESTRICTIONS:			
1. Only record material specifically approved by the issuing organization.			
2. Avoid recording any other range facilities or equipment; be cognizant of surrounding environment.			
3. All persons having access to the recording activity must be cleared to the level of material being recorded.			
4. Transfer of recorded output must be approved by the issuing organization and conducted through approved channels and/or agencies, as required.			
5. Permit User is the only authorized person granted approval to use recording equipment.			
		<small>--includes all associated cables, power cords and peripherals</small>	
V. SIGNATURES			
Permit User Signature: _____			
Authorizing Official: _____ Tonopah Test Range / SNL Representative		HANDCARRY AUTHORIZATION -- NO CARD ISSUED	
Approved: _____ Tonopah Test Range / SNL Security Representative		Fax: (702) 295-8232 Voice: (702) 295-8100 x118 Email: dwkamin@sandia.gov	
		SNL/TTR FORM #20 Specialty Revised 03/19/2022 SAND2022-14072 O	

*SANDIA NATIONAL LABORATORIES
TONOPAHA TEST RANGE
TONOPAHA, NEVADA*

**INSTRUCTIONS FOR COMPLETING AND SUBMITTING THE FOLLOWING
SENSITIVE EQUIPMENT/PROPERTY REQUEST - SNL/TTR#20 SPECIALTY (S/P/C)**

Equipment/Property sections must be completed and form must be signed by the “Permit User”.

Faxed forms will only be accepted if typed in a compatible font or completed in legible handwriting.

This form is processed for combination authorizations to include any type of government or company-owned camera/video equipment, sensitive and/or non-sensitive equipment or property as well as associated media required in the performance of official duties.

Personal property is **NOT** authorized; however, exceptions for medical devices shall be authorized on a case-by-case basis.

SNL Security Representative will verify form information, incomplete forms will be returned to the permit user and/or authorizing organization for correction.