

<b>SPECIALTY - SENSITIVE EQUIPMENT/PROPERTY REQUEST</b>			<i>(SNL Use Only)</i>
<b>I. USE AND REMOVAL</b>			No. _____
Name: _____ <i>(Last) (First) (Middle Initial)</i>	Sponsoring Org.: _____	SS#: XXX-XX-_____	Clearance Level
Location of Work: <u>TONOPAH TEST RANGE</u>	Duties Requiring Permit: _____	End Date: _____ <i>Not to exceed one year</i>	<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			

<b>II. SENSITIVE EQUIPMENT</b>		
<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): _____	_____	
--includes all associated cables, power cords and peripherals		

<b>III. RECORDING PERMIT</b>
Use of recording equipment (photographic or video) must be in the performance of official duties, limited to equipment specified and approved in advance.
<b>PERSONNEL SHALL COMPLY WITH THE FOLLOWING PROCEDURES AND RESTRICTIONS:</b>
<ol style="list-style-type: none"> <li>1. Only record material specifically approved by the issuing organization.</li> <li>2. Avoid recording any other range facilities or equipment; be cognizant of surrounding environment.</li> <li>3. All persons having access to the recording activity must be cleared to the level of material being recorded.</li> <li>4. Transfer of recorded output must be approved by the issuing organization and conducted through approved channels and/or agencies, as required.</li> <li>5. Permit User is the only authorized person granted approval to use recording equipment.</li> </ol>
--includes all associated cables, power cords and peripherals

<b>IV. PROPERTY/NON-SENSITIVE EQUIPMENT/MEDICAL DEVICES</b>
--includes all associated cables, power cords and peripherals

<b>V. SIGNATURES</b>		
Permit User Signature: _____		
Authorizing Official: _____ <i>Tonopah Test Range / SNL Representative</i>		
Approved: _____ <i>Tonopah Test Range / SNL Security Representative</i>	<b>HANDCARRY AUTHORIZATION -- NO CARD ISSUED</b>	Fax: (702) 295-8232 Voice: (702) 295-8100 x118 Email: <a href="mailto:dwkamin@sandia.gov">dwkamin@sandia.gov</a>
		SNL/TTR FORM #20 Specialty Revised 12/05/2023 SAND2022-14072 C

*SANDIA NATIONAL LABORATORIES  
TONOPAH TEST RANGE  
TONOPAH, 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.