

TONOPAH

REQUEST FOR UNCLASSIFIED VISIT

Host and/or responsible individual must return all security badges prior to departure.

Ensure badge is returned as instructed for proper destruction when no longer required or upon expiration.

Host and/or responsible individual must not bring uncleared visitors into Limited Areas without prior approval.

Request must be received a minimum of FOURTEEN working days prior to visit or expect a processing delay.

Return to SNL Administration
Info Line: 702-295-8100 x110
702-295-8100 x118

FORM MUST BE LEGIBLE
IF HANDWRITTEN

SNL
Point of Contact _____ Phone No. _____

1. 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 #: _____

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.