

# National Technology & Engineering Solutions of Sandia, LLC

(a wholly owned subsidiary of Honeywell International, Inc.) as Operator of

## Sandia National Laboratories

### Participant Data Sheet (PDS)

Sandia National Laboratories Internal Use Only – Agreement Number: \_\_\_\_\_

ALL APPLICABLE SECTIONS MUST BE COMPLETED BEFORE SANDIA NATIONAL LABORATORIES CAN PROCESS YOUR AGREEMENT

<b>1.0</b> Please provide information for our long-term records and communications with your company/agency.			
<b>1.1</b>	Company/Agency Name:		DUNS Number:
	Address for Overnight Delivery:		
	City:	State:	Country:
	Zip/Postal Code:	Phone:	Fax:
<b>1.2</b>	Parent Company (if applicable):		

<b>2.0</b> Please provide (if applicable) the pertinent information for the <b>division</b> in your company/agency with whom Sandia National Laboratories will be working. <b>If Part 2 is not completed, then Parts 3-6 will apply to the entity listed in Part 1.</b>			
Division Name:			
Address for Overnight Delivery:			
City:	State:	Country:	
Zip/Postal Code:	Phone:	Fax:	
Industry Classification:			

<b>3.0</b> Please provide the company/division or agency name as you want it to appear on the agreement.			

<b>4.0</b> Please provide specific points of contact within your company/division or agency.					
<b>4.1</b>	Please provide the <b>technical point of contact</b> with whom our technical staff will be working.				
	Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Name:	Email:
	Address for Overnight Delivery:				
	City:	State:	Country:		
	Zip/Postal Code:	Phone:	Fax:		
<b>4.2</b>	This agreement may involve the negotiation of legal and/or business terms and conditions between your company/division or agency and Sandia National Laboratories. Please provide the <b>non-technical point of contact</b> for questions (e.g. corporate/agency attorney, contracts manager, etc.).				
	Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Name:	Email:
	Address for Overnight Delivery:				
	City:	State:	Country:		
	Zip/Postal Code:	Phone:	Fax:		

<b>4.3</b>	Please provide contact information of the individual with <b>signing authority</b> for your company/division or agency.						
	Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Name:			
	Title:			Email:			
	Address for Overnight Delivery:						
	City:		State:			Country:	
	Zip/Postal Code:		Phone:			Fax:	
<b>4.4</b>	Which party should we use as our <b>primary point of contact</b> ?			Technical <input type="checkbox"/>	Non-Technical <input type="checkbox"/>	Signatory <input type="checkbox"/>	

**5.0** Are all employees and subcontractors of the company/division or agency listed in Parts 1 and 2 who will be receiving information and/or intellectual property from Sandia National Laboratories under this proposed agreement **CITIZENS OF THE UNITED STATES**?

	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>5.1</b>	If 5.0 is NO, of what countries are the recipients a citizen? (Attach additional information sheets to list all applicable recipients/countries if necessary)	
	Name:	Country: U.S. Immigration Status:
	Name:	Country: U.S. Immigration Status:
	Name:	Country: U.S. Immigration Status:

**6.0** By submitting this form, I attest that the information provided is correct as of this date and may be relied upon for purposes of entering into the proposed agreement.

Name:	Title:	Date:
Signature:		