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| **How to fill out the DOE Form 5631.20** |
| **BLOCK**  | **Required input**  |
| **PART “A”**  |
| To:  | This box is already filled in  |
| From:  | Your organization  |
| Date:  | Date prepared  |
| Prepared by:  | Who is preparing and can make changes to document  |
| Symbol:  | Preparer’s office symbol  |
| Telephone No.- | Preparer’s telephone numbers (commercial and DSN)  |
| Last name, etc.  | Name, SSN# |
| U.S. Citizen/Alien  | Mark box appropriate box for attendee  |
| Date of Birth  | Date of birth of attendee  |
| Organization  | Organization of attendee  |
| Type Clearance  | Security clearance of attendee. MUST be shown as “TS” or “S”. CNWDI is needed and date granted/read in |
| Clearance No.  | Leave blank  |
| Date of Clearance  | Date clearance of attendee was granted & CNWDI read in date  |
| Name of Facility(s) to be visited:  | This box is already filled in  |
| For the inclusive dates  | Dates of the class/meeting: (DD/MMM/YY-DD/MMM/YY)  |
| DOE security official Verifying DOE Clearance  | Leave blank  |
| For the purpose of:  | To attend nuclear weapon training  |
| To confer with the following person(s):  | List Military Liaison POC (Dept 2913): Mark Meyer |
| Specific Information to which access is requested:  | S/RD/CNWDI  |
| Access requested to: Restricted Data Other classified info  | Must mark an “X” in each “Yes” box  |
| Prior arrangements have/have not been made as follows:  | Leave blank  |
| **CERTIFICATION FOR PERSONNEL HAVING DOD CLEARANCE**  |
| Name and Title, Requesting DoD Official (Person in Unit that verifies RD/CNWDI/Access of Student)  | This information needs to be typed in. Signature block of the Security Manager. EXAMPLE: John R. Doe, Security Manager. **DO NOT SIGN ON THIS LINE** |
| Authorized access to Critical Nuclear Weapon (CNWDI) in accordance with DoD Directive 5210.2 Design Information  | Mark an “X” in the “Yes” box. |
| Title, Authorizing DOD Official  | Use the attached “Enclosure 4” from DoD Directive 5210.2 to fill in your specific Certifying Official (put the name in only, not the number). This must be filled in. **DO NOT PUT THE SECURITY MANAGER NAME HERE**  |
| Signature  | Signature of the Requesting DoD Official **SIGN THE FORM ON THE LINE** |
| **Send the completed DOE Form to all the following individuals:****Incoming Visit Request**, fax: 505-284-8812; e-mail: incoming@sandia.gov, and SNL/ML: Marie Vaughn, ml\_tr@sandia.gov ; fax: **505-844-3377** |
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