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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](mailto:incoming@sandia.gov), and SNL/ML: Marie Vaughn, [ml\_tr@sandia.gov](mailto:ml_tr@sandia.gov) ; fax: **505-844-3377** | | | |
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