

U.S. DEPARTMENT OF ENERGY
REQUEST FOR VISIT OR ACCESS APPROVAL
(Not to be used for temporary or permanent personnel assignments.)

Part "A"

To:

Date:

From:

Prepared By:

Symbol:



Telephone No. Commercial:

It is requested that the following person(s) be granted visit/access approval:

FTS:

LAST NAME, FIRST, MIDDLE INITIAL AND SOCIAL SECURITY NUMBER	CHECK		DATE OF BIRTH (MM/DD/YY)	ORGANIZATION	TYPE CLEARANCE	CLEARANCE NO.	DATE OF CLEARANCE (MM/DD/YY)
	U.S. CITIZEN	ALIEN					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
NAME OF FACILITY(IES) TO BE VISITED:				FOR INCLUSIVE DATES	DOE Security Official Verifying DOE Clearance		

FOR THE PURPOSE OF:

TO CONFER WITH THE FOLLOWING PERSON(S):

SPECIFIC INFORMATION TO WHICH ACCESS IS REQUESTED:

ACCESS REQUESTED TO:

Restricted data: Yes No

Other classified info: Yes No

Prior arrangement have/have not been made as follows:

CERTIFICATION FOR PERSONNEL HAVING DOD CLEARANCE

This certifies that the person(s) named above needs this access in the performance of duty and that permitting the above access will not endanger the common defense and security.

Authorized access to Critical Nuclear Weapon
Design Information (CNWDI) in Accordance
With DOD Directive 5210.2 Yes No

Name and Title, Requesting DOD Official

Title, Authorizing DOD Official
(See DOD Directive 5210.2 and 5210.8)

Signature
(See AR 380-150; OPNAV 5510.3F; AFR 205-1)

CERTIFICATION FOR PERSONNEL HAVING DOE CLEARANCE

This certifies that the person(s) named above needs this access in the performance of duty.

Title

Requesting DOE or Other Government Agencies

PART "B"

Approval is granted with limitations indicated below:

Manager of Operations/or Headquarters Division Director

THIS PAGE IS VALID ONLY FOR CLASSIFIED VISITS TO LANL

LANL continuation sheet to
DOE F 5631.20
(07-90)
(Formerly DP-277)
EFG (07-90)

Continuation Page

Name of Facility(ies) to be Visited _____

For Inclusive Dates _____

LAST NAME, FIRST, MIDDLE INITIAL AND SOCIAL SECURITY NUMBER	CHECK		DATE OF BIRTH (MM/DD/YY)	ORGANIZATION	TYPE CLEARANCE	CLEARANCE NO.	DATE OF CLEARANCE (MM/DD/YY)
	U.S. CITIZEN	ALIEN					
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LANL POLICY: THE SECTION BELOW MUST BE COMPLETED THE SAME AS ON THE FIRST SHEET

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Title

Requesting DOE or Other Government Agencies

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Approval is granted with limitations indicated below:

Manager of Operations/or Headquarters Division Director

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 DOE facility, or your access to classified information may be delayed or withheld. The information you furnish will be used by DOE and DOE contractors to control access to classified information and areas.

The social security number is not required for these purposes, but you may voluntarily furnish it to assist us in correct identification.

BURDEN DISCLOSURE STATEMENT

Public reporting burden for this collection of information is estimated to average 2.5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Information Resources Management Policy, Plans, and Oversight, AD-241-2 - GTN, Paperwork Reduction Project (1910-1800), U.S. Department of Energy 1000 Independence Avenue, S.W., Washington, DC 20585; and to the Office of Management and Budget 90MB, Paperwork Reduction Project (1910-1800), Washington, DC 20503.