General Information for NIST Associates									
Personal Information									
Last Name	First N	ame	Middle Name		Suffix	k (Jr. III etc.)			
Home Address									
Street			City						
County/Province			State						
county, 110 vince			State						
Country			Zip/Postal Code						
		Place of	of Birth						
City			State						
County/Province			Country						
Citizenship			Gender						
-									
Date of Birth (MM/D	D/YYYY))							
Passport Number (fo	reign NIS	T Associates)			SSN				
Mother's Maiden Name									
Emeritus Status (Y/N)									
Employed by Another Federal Agency (Y/N)									
			and Dates Wh						
Guide : Give other nan									
maiden name, name[s]									
other name is your maiden name, put "neeLast NameFirst Na		First Name			dle Name				
						-			
Dates Used		From		То					
				3 6 1 11	N T				
Last Name		First Name		Middle Name					
Dates Used		From		То					
Last Name		First Name		Middle Name					
Dates Used		From		То					
	F								

П

Contact Information for NIST Associate (prior to arrival)

Guide: An e-mail address is required for security processing in e-QIP (Electronic Questionnaires for Investigations Processing).

E-mail Address:

	Employer/Home (Drganizat	ion				
Guide: The NIST associate's employer or home organization can be one of the following: (1) the							
associate's employer, (2) the educational institution (university or college) that the associate							
attends when not working at NIST, (3) a business owned by the associate, or (4) "SELF" if							
associate is self-employed or a retiree, and not associated with any incorporated business. Street							
address is mandatory for all guest researchers.							
City, state, and zip code are required for NIST Associates only if the country is U.S. The second							
	not be used for foreign gues	st researche	rs.				
Organization Name							
Street Address							
Address Line 2							
Address Line 3							
City		State					
County/Province		Country		Zip			
County/Province		Country		Zıb			
Sponsor Information							
Guide : The sponsor can be one of the following: (1) employer/home organization, (2) an							
organization that has signed a CRADA or IPA agreement with NIST, (3) "SELF" for associates							
who are retirees or self-employed and not associated with any incorporated business, or (4) other							
organization that sponsors the NIST Associate. Street address is mandatory for all guest							
researchers. City, state, and zip code are required for NIST Associates only if the country is U.S.							
The second line of street address cannot be used for foreign guest researchers.							
Sponsor Name							
Street Address							
Address Line 2							
Address Line 3							
City		State					
County/Province		Country		Zip			
		country		P			

Emergency Personal Contact							
Guide : The emergency personal contact information is mandatory for all NIST associates, except							
off-site collaborators. A phone number must be provided for the contact.							
Last Name	First Name	First Name					
Phone Number							
Information for NIST Associates							
Guide : If the NIST Associate is at NIST pursuant to an agreement between NIST and another							
organization or a sole proprietor, enter type of agreement and, if known, enter the agreement							
number. A CRADA number is mandatory for research associates (RA). Agreement type and							
agreement number should be provided for facility users.							
Agreement Type							
Agreement Number							
<u>Security</u>							
Has the United States Go	overnment ever investigated your	Yes	No				
background and/or gran	ted a security clearance?						
If Yes, provide Agency Security Officer name & phone							
number.							
Have you worked at NIS	Yes	No					

This collection of information contains Paperwork Reduction Act (PRA) requirements approved by the Office of Management and Budget (OMB). Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the PRA unless that collection of information displays a currently valid OMB control number. Public reporting burden for this collection is estimated to be 30 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 aspect of this collection of information, including suggestions for reducing this burden, to the National Institute of Standards and Technology, Attn: XXAdd-Individual-Point-of-Contact_InformationXX.

OMB Control No. 0693-XXXX Expiration Date: XX-XX-XXXX