

**U.S. DEPARTMENT OF ENERGY-BONNEVILLE POWER ADMINISTRATION (BPA)  
UNCLASSIFIED VISITS AND ASSIGNMENTS-FOREIGN NATIONALS REGISTRATION**

Privacy Notice: The information on this form is requested to determine access to facilities operated by the Bonneville Power Administration (BPA) or its contractors. Access to the information collected will be provided to the Department of Energy, and may be provided to appropriate Federal agencies for law enforcement purposes. Failure to provide the information may result in denial of access to BPA or contractor facilities and personnel

**1.Name of Visitor/Assignee**

First Name: \_\_\_\_\_ | Middle: \_\_\_\_\_ | Last: \_\_\_\_\_

**2.Visit Determination Information**

Citizenship: \_\_\_\_\_ | Country of Employer: \_\_\_\_\_

Type of Request (check one):     Visit (less than 30 days)     Assignment (30 consecutive days or more)     Extension of an Assignment

**3.Biographical Information**

Gender:     Male     Female    |    Have you resided in the U.S. more than 3 yrs.?    |    Is Visitor currently in U.S.?  
 Yes     No    |     Yes     No    |     Yes     No

Country of Citizenship: \_\_\_\_\_ | Date of Birth (mm/dd/yyyy): \_\_\_\_\_ | Country of Birth: \_\_\_\_\_ | City of Birth: \_\_\_\_\_

**Additional Biographical Information: (If known, FN will complete this section completely)**

Current U.S. Address: \_\_\_\_\_ City: \_\_\_\_\_

Street (1) \_\_\_\_\_ State: \_\_\_\_\_

Street (2) \_\_\_\_\_ Zip Code: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_

Street (1): \_\_\_\_\_ State: \_\_\_\_\_

Street (2): \_\_\_\_\_ Zip Code: \_\_\_\_\_

**4. Employer Information**

Institution or Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street (1): \_\_\_\_\_ Fax Number: \_\_\_\_\_

Street (2): \_\_\_\_\_ Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country of Employer: \_\_\_\_\_

Title or Position and Duties: \_\_\_\_\_

**5.Visa Information**

Visa Number: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Visa Type: \_\_\_\_\_ Country of Issue: \_\_\_\_\_

Exp. Date (mm/dd/yyyy): \_\_\_\_\_ Exp. Date (mm/dd/yyyy): \_\_\_\_\_

**6.Passport Information**

**Please submit document via email to: [ForeignNationalVisit@bpa.gov](mailto:ForeignNationalVisit@bpa.gov).**

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**7.Place of Work (if different from Employer)**

|                                     |       |                      |       |
|-------------------------------------|-------|----------------------|-------|
| Company Name:                       | _____ | Phone Number: Fax    | _____ |
| Street (1):                         | _____ | Number:              | _____ |
| Street (2):                         | _____ | Email Address:       | _____ |
| City:                               | _____ | State:               | _____ |
| Zip Code:                           | _____ | Country of Employer: | _____ |
| Title or Position and Duties: _____ |       |                      |       |

Interpreter Needed?  Yes  No Business Type conducted by Employer: \_\_\_\_\_  
Educational Background: \_\_\_\_\_ Field of Research: \_\_\_\_\_

**8.Host Information**

|                                 |  |         |       |              |       |
|---------------------------------|--|---------|-------|--------------|-------|
| Host's First Name:              | _____  | Middle: | _____ | Last:        | _____ |
| Host's Citizenship:             | _____  | Phone:  | _____ | Mobile Phone | _____ |
| Does the host have a clearance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |         |       |              |       |

**9.Visit Information**

Desired Start Date (mm/dd/yyyy): \_\_\_\_\_ Desired End Date (mm/dd/yyyy): \_\_\_\_\_  
Subject(s): *(Choose from the drop-down menus)* \_\_\_\_\_

Description of Visit/Assignment, including specific activities or involvement: \_\_\_\_\_

Purpose of visit *(Choose from the drop-down menu)*: \_\_\_\_\_

|  |                         |  |
|--|-------------------------|--|
| Is the assignment for intermittent access periods?<br><i>(Example: 2 days one week, 3 days the next week, 1 day on 3<sup>rd</sup> week=6 days)</i> | Number of Days On site: | Will there be interactions with individuals with Security Clearances? <i>(Secret or Top Secret clearances)</i><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|-------------------------|--|

List individuals:

|             |         |       |
|-------------|---------|-------|
| First Name: | Middle: | Last: |
| 1.          |         |       |
| 2.          |         |       |

Is this Visit for Employment?  Yes  No Are there any Export Control items related to this Foreign National? \_\_\_\_\_

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Access Type choose one:  Physical  Logical  Project Wise

List Buildings and Rooms to be accessed:

| Building: | Room: | Type: |
|-----------|-------|-------|
|           |       |       |
|           |       |       |
|           |       |       |

CIL Sensitive Subjects (Critical Information List)

Export Control Items/ECCN Numbers

DOE/BPA Mission(s) that will be advanced by this Visit/Assignment:

Will Visitor/Assignee be granted computer access?  Yes  No

If granted computer access, is the access on-site or off-site?  Yes  No

List hardware and software to which access is granted:

10. Remarks/Comments (or additional information that did not fit above)

**Paperwork Reduction Act Burden Disclosure Statement**

This data is being collected to the security and safety of BPA employees, contractors, and facilities. The data you supply will be used by security personnel to document all foreign nationals' purpose and dates of their intended visit/assignment. Public reporting burden for this collection of information is estimated to average .35 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining that 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 the Chief Information Officer, Enterprise Policy Development & Implementation Office, IM-22, Paperwork Reduction Project (OMB control number: 1910-5188), U.S. Department of Energy, 1000 Independence Ave SW, Washington, DC, 20585-1290; and to the Office of Management and Budget (OMB), OIRA, Paperwork Reduction Project (OMB control number: 1910-5188), Washington, DC 20503.

Notwithstanding any other provision 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 Paperwork Reduction Act unless that collection of information displays a currently valid OMB control number.

The Paperwork Reduction Act (PRA) of 1995 requires each Federal agency to seek and obtain approval from the Office of Management and Budget (OMB) before undertaking a collection of information directed to 10 or more persons of the general public, including persons involved in or supporting the operations of Government-owned, contractor-operated facilities. Submission of this data is required.