

General Information for NIST Associates			
<u>Personal Information</u>			
Last Name	First Name	Middle Name	Suffix (Jr. III etc.)
Gender (Select all that apply) (Optional)	Female	Male	
	Transgender, non-binary, or another gender	Prefer not to answer	
Phone Number			
<u>Place of Birth</u>			
Date of Birth (MM/DD/YYYY)			
City		State	
County/Province		Country	
Citizenship(s) (list all if more than one)			
Social Security Number			
U.S permanent resident status (foreign) (Y/N)		US-CIS #	
Employed by Another U.S. Federal Agency (Y/N)			
Mother's Maiden Name			
Passport Issuing Country (foreign associates)			
Passport Number (foreign associates)			
Passport Expiration date (foreign associates)			
<u>Contact Information for NIST Associate (prior to arrival)</u>			
E-mail Address:			
<u>Employer/Home Organization</u>			
<p>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.</p> <p>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.</p>			
First Name	Last Name	Phone Number	
Organization Name			
Street Address			
Address Line 2			

Address Line 3					
City		State			
County/Province		Country		Zip	
Work Permit Number (Required if under 18) Only for Maryland Work Locations					
<u>Sponsor Information</u>					
<p>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.</p>					
Sponsor Name					
Street Address					
Address Line 2					
Address Line 3					
City		State			
County/Province		Country		Zip	
<u>Emergency Personal Contact</u>					
<p>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.</p>					
Last Name			First Name		
Phone Number					

Privacy Act Statement

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why the U.S. Department of Commerce (the Department), National Institute of Standards and Technology (NIST) is requesting the information on this form.

AUTHORITY:

The collection of this information is authorized under the NIST Organic Act, Title 15 U.S.C. § 272 (b)(10) and (b)(11) and the Paperwork Reduction Act (PRA), 44 U.S.C. § 3501 et seq., Information collected for facility access determinations and is authorized by Executive Order 10450 and/or Section 231 of the Crime Control Act of 1990, and Executive Order 9397.

PURPOSE:

The National Institute of Standards and Technology (NIST) allows access to its campuses and resources for non-NIST employees for the purposes of furthering the NIST mission. These NIST Associates (NAs) include guest researchers, research associates, contractors, and other non-NIST employees. The information collected through this instrument will be input into the NIST Associates Information System (NAIS) and sent to the appropriate personnel for approval processing and to allow the NA preliminary access to the NIST campuses and resources. The information collected may also be the basis for further security investigations, as necessary.

ROUTINE USES:

The information solicited on this form may be made available as a “routine use” pursuant to 5 U.S.C. § 552a(a)(7) and (b)(3). The information may be made available to other federal agencies to assist the Department in connection with NIST’s management of the purposes stated above; or for other authorized routine uses. A complete list of the routine uses can be found in the system of records notice associated with this form:

NIST-1: NIST Associates https://www.osec.doc.gov/opog/privacyact/privacyact_sorns.html

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:

Providing this information is voluntary. However, failure to provide the requested information may result in an inability for NIST to process, review, and/or act on such requests. In limited circumstances, NIST may authorize the submission of the requested information via paper forms pursuant to the requirements in 15 CFR 748.1(d).

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0693-0067. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 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 information collection. All responses to this information collection are required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the National Institute of Standards and Technology at: 100 Bureau Drive, MS 2200, Gaithersburg, MD 20899 Attn: Technology Partnerships Office.

AUTHORIZATION AND RELEASE AND CERTIFICATION

BEFORE SIGNING THIS FORM, REVIEW CAREFULLY TO ENSURE THAT YOU HAVE PROVIDED ALL REQUESTED INFORMATION FULLY AND CORRECTLY. KNOWN AND WILLING FALSE STATEMENTS ARE PUNISHABLE BY LAW.

I declare under penalty of perjury that the statements made by me on this form are true, complete and correct.

SIGNATURE

DATE