

**DOC Foreign National Request
Form A**

Instructions *(This form must be typed and completed by Departmental Sponsor).*

This form is used for investigative purposes, and, once completed and submitted to your Field Servicing Security Office (FSSO), constitutes your obligation to meet the notification requirements outlined in DAO 207-12, Section 5.06. This form must be completed for all Foreign National (non-U.S. National) Visitor and Guest requests.

Note: Questions #2, 3, 4, and 6 may be omitted for Lawful Permanent Residents presenting valid alien registration credentials (e.g., Form I-551, "Green Card"). For a multi-member visitor group, delegation/or conference, use the Appendix (p. 2) to provide or attach required information (#1-7).

Section A.

1. Name: Last _____ First _____ Middle _____

2. Title(s): _____

3. Date of Birth (MM/DD/YYYY): _____

4. Sex: M ☐ F ☐ 5. Contact Email or Phone Number: _____

6. Nationality or Immigration Status:

 a. Place of Birth (City/State/Country): _____

 b. Country of Citizenship (List All) or Permanent Residence: _____

(If lawfully admitted into the U.S. for permanent residence, provide alien registration (i.e., Green Card number))

 c. Passport and I-94 Form admission number: _____

7. Foreign Sponsoring University/Organization/Entity: _____

8. Departmental Sponsor Name and Signature: _____

(Must be a Federal employee of the Department of Commerce)

9. Sponsor Bureau: _____ Sponsor Phone Number: _____

10. Sponsor Email: _____

11. Facility Name (Building #, Lab, Room #, Street): _____

 Location (City, State, Zip Code, Country): _____

12. Visit Arrival Date: _____ Visit Departure Date: _____

(Per DAO 207-12, the FSSO must be notified about itinerary changes or changes related to the visit)

13. Alternate Point of Contact (name, email, phone): _____

14. Is this a RENEWAL? Yes ☐ No ☐ *If YES, provide dates of previous visits in Appendix (p. 2).*

15. Purpose of Visit: (No acronyms; Be specific (i.e., associated program name, meeting purpose))

1 CONTAINS PII – Send by Secure File Transmission or other approved methods for PII materials.

Name: Last _____

First _____

Visit Arrival Date: _____

Visit Departure Date: _____

Section B. Appendix. The space below may be used to provide additional visit information or supporting rationale. Supplemental documentation may be attached, if needed.

Privacy Act Statement:

Authority: The collection of this information is authorized under Department of Commerce (DOC) Departmental Administrative Order (DAO) 207-12, Titled: Foreign Access Management Program; 27 Stat. 395 and 31 Stat. 1039; and all existing, applicable DOC policies, regulations and directives concerning the tracking, security processing, of Foreign National Visitors and Guests for access to DOC facilities. The foregoing rules are intended to implement, not to expand upon, the rights granted under the Privacy Act of 1974 (5 U.S.C. § 552a) (Privacy Act).

Purpose: The DOC Foreign Access Management Program is designed to enable the broadest cooperation and collaboration with international partners while ensuring compliance with all applicable United States (U.S.) laws and regulations through consistent and effective management of physical and logical access by Foreign Nationals to DOC facilities, resources and activities which are not available to the public. The Foreign Access Management Program allows individuals not employed by the DOC to have access to DOC facilities, resources and activities under various cooperative, collaborative, and contractual agreements.

Routine Uses: Information may be shared across DOC Bureaus or Operating Units as necessary, and with the Office of Security, in order to facilitate physical and logical access to DOC facilities and resources. Disclosure of this information is also permitted under the Privacy Act to be shared among DOC staff for work-related purposes. Additionally, this information is subject to all of the routine uses identified in the following Privacy Act System of Records notices: DEPT-13, Investigative and Security Records, COMMERCE/NIST-1, NIST Associates, and DEPT-25, Access Control and Identity Management System.

Disclosure: Furnishing this information is voluntary; however, failure to provide requested information may result in the denial of physical or logical access to DOC facilities or resources by the subject individual.

Public Reporting Burden Statement:

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 U.S. Department of Commerce, Office of the Secretary, Office of Security (OS/OSY), 1401 Constitution Ave., NW, Washington, DC 20230.

2 CONTAINS PII – Send by Secure File Transmission or other approved methods for PII materials.

OSY Form 207-12-A, July 5, 2019

OMB No. 0690-0033 (exp. 07/31/2025)