

Visitor #: _____

Received: _____

Request #: _____

FACTS Date: _____ AL Emp. #: _____

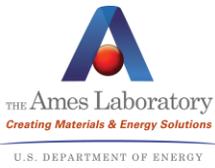
Completed Date: _____

**AMES LABORATORY
FORM AL 473 FOREIGN VISITS AND ASSIGNMENTS REQUEST FORM**

Please consider the environment; print double-sided.

First name (as on passport)	Middle name (or initial)	Last name (as on passport)	Does visitor/assignee use name other than name shown on visa/passport?	
Date of birth		Country of citizenship	Permanent Resident Alien (If yes, Green Card #, Exp Date) <input type="checkbox"/> Yes <input type="checkbox"/> No #: _____ Exp. Date: _____	
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Country of birth	City of birth (region/province)	Highest degree	Field of research
Visa information (Does HR need to request a visa?) <input type="checkbox"/> Yes Visa number (I-94): Status type: Expiration date (or I-94, I-20, etc.): Ames Laboratory buildings and rooms to be accessed (include dept/program name) or off-site location, program/project.			Passport information or other official identification Passport number: Country of issue: Expiration date:	
			Current institution/affiliation name, address and phone:	
			Previous institution/affiliation name, address and phone:	
Assignee title at Ames Laboratory			Title or position	
Phone number	Fax number		Phone number	Fax number
Email address:			Institution/affiliation prior to coming to USA name, address, phone:	
Will family members accompany visitor/assignee or join later? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide additional family member information on page 2 (use page 3 for more than three family members). US citizens not included.			Permanent residence address abroad (If none, U.S. address)	
Purpose of visit/assignment			Will sensitive/proprietary subjects be discussed or researched? (If yes, complete specific security plan.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Site to be visited (if not Ames Lab, note in justification.)			High level protocol visit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Select the security area type at the facility <input type="checkbox"/> Non-security area <input type="checkbox"/> MAA <input type="checkbox"/> PPA <input type="checkbox"/> Exclusion area <input type="checkbox"/> Limited area <input type="checkbox"/> SCIF			Will computer access be granted? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, complete the Cyber Access Form and submit to 334 TASF.	
Request date: (monthabbrev/dd/yyyy)			Desired START date (monthabbrev/dd/yyyy)	
Assignee travel off-site during Ames Laboratory visit/assignment? <input type="checkbox"/> Y <input type="checkbox"/> N			Desired END date (monthabbrev/dd/yyyy)	





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Host name responsible for visitor/assignee (First/MI/LAST)		Type of Request (Visit is less than 30 days. Assignment is 30 days or longer.) <input type="checkbox"/> Visit <input type="checkbox"/> Assignment <input type="checkbox"/> Extension	
Host country of citizenship:	Host telephone number:	Does the host have a clearance? <input type="checkbox"/> Y <input type="checkbox"/> N	WFO or CRADA? <input type="checkbox"/> Y <input type="checkbox"/> N <i>Project #:</i>

Justification of the visit/assignment including specific activities or involvement:

Note: Notify 4-4804 if FV&A visit/assignment dates change or visit/assignment is canceled.

Approval Recommended Program Director Signature		Date:
Approval Granted Export Control Officer Signature		Date:
Approval Granted Chief Operations Officer Signature		Date:
Comments		

Please complete this section for family members accompanying or joining the visitor/assignee. Additional space provided on the next page if needed. (For all dates on this form, please use mm/dd/yyyy format.)

LAST:	First/MI:	Gender:	Relationship:
Birthdate (month-day-year):	Birth City:	Birth Country:	
Visa Type:	Visa Number:	Exp. Date:	
Passport (Country of Issue):	Passport Number:	Exp. Date:	

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Visa Type:	Visa Number:	Exp. Date:	
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