AUTHORITY: 10 U.S.C. 8013, 44 U.S.C. 3101, and EO 9397

PRINCIPAL PURPOSE: To record personal information on an individual whose duty performance requires entry into Air Force facilities.

SSN: Used for further identification of an individual. DISCLOSURE IS VOLUNTARY: Failure to disclose the information and SSN would result in not being allowed entry.

| 1. Date | : | REQUE | ST FOR V | ISIT AUTHORIZA | TION TO F | OME RES | EARCH SITE | | | | |
|--|--|----------------------------------|-------------------|-----------------------------|----------------------------|--------------------------------|-----------------------|---|---------------------|------------------|--|
| 2. Nam | e of Company or Organization (con | nplete name): | | | | | | | | | |
| 4. Office | e Symbol (<i>if government</i>): | | | 5. Type of V | isit (check one): | Classifi | ed Unclassifie | ed | | | |
| 6. Stree | et Address: | | | 7. City, Stat | e: | | | 8. Zip Code: | | | |
| 9. Nar | me(s) of Visitor(s): | SSN: | Date of Birth: | Place of Birth: | Country of Citizenship: | Date Naturalized: | Naturalization No: | If Not a Citizen, Permanent Alien Resident No./Expiration Date: | Clearance Level: | Date Granted: | |
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| | | | | | | | | | | | |
| | | | NOTE: To inclu | de more people on one visit | request, use the | space provided | d on reverse. | | | • | |
| 10. Pur | pose of Visit: | | | | | | | | | | |
| 11. Dat | e or Period in which the Visit is Vali | d (Not to exceed 1 Year): | | | | | | | | | |
| | | L | | | | | | | | | |
| 12. Poir Nan | nt of Contact at Rome Research Site | e to be Visited (This is not t | ne Security Offic | :- | | Phone: | | Office symbol: | | | |
| | <u> </u> | | | | | | | | | | |
| 13. Poir Nan | nt of Contact at your organization: | | | | | Phone: | | | | | |
| 14. SIGNATURE – FOR CLASSIFIED VISIT: (Certification is made here that the above named individual(s) have Clearance with type & date provided under Item 9.) Facility Security Officer or Security Manager (ONLY): | | | | | Security | SIGNATURE FOR CLASSIFIED VISIT | | | | | |
| 15. SIGNATURE – FOR UNCLASSIFIED VISIT : (Certification is made here that the above named individual(s) citize been verified & information provided under item 9.) Facility Security Officer, Security Manager or Human Res | | | | | | | | | | | |
| INS | STRUCTIONS: When completed & o | certifications are made in | either Item 14 o | or 15 Fax/Mail this form to | | | | | | | |
| Fax | this form to: AFRL/RIOF Fax# (315 |) 330-3378 <i>or</i> DSN: 587-33 | 378 | | Personnel wit | nout a security | clearance verified in | advance will not be admitted | l into any class | ified areas | |

Mailing Address: AFRL/RIOF

Bldg. 3, West Wing, 525 Brooks Rd.

Rome, NY 13441-4503

To confirm receipt of this visit request please dial (315) 330-2916

NOTE: All visitors will need to show a picture ID (driver's license, military or government ID).

Personnel without a security clearance verified in advance will not be admitted into any classified areas or discussions. All visitors are required to be citizens of the United States. No exceptions will be made to waive the requirements for a security clearance for classified visits.

Hand carrying of a Security Clearance is not permitted.

Please let us know when the visit authorization for a group or an individual is no longer required, as we are obligated to cancel outstanding visit requests.

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Item 9 Continued: ADDITIONAL VISITOR INFORMATION

| 9. | Name(s) of Visitor(s): | SSN: | Date of Birth: | Place of Birth: | Country of Citizenship: | Date Naturalized: | Naturalization No: | If Not a Citizen, Permanent Alien Resident No./Expiration Date: | Clearance Level: | Date Granted: |
|----|------------------------|------|-------------------|-----------------|----------------------------|----------------------|-----------------------|---|---------------------|------------------|
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