

Foreign National Visitor/Guest Coversheet Report Form (revised 9/11/13)

Name (Last, First and MI)

Date of Birth - MM/DD/YYYY Gender

Passport Number Issuing Country

Place of Birth (City/State and Country)

Country of Citizenship (List all if Dual)

Country of Permanent Residence

Sponsor's Name & Signature **(Must be Federal Employee)**

Sponsoring Bureau Sponsor's Phone Number

Facility Name & Facility Address Facility City

Facility State Arrival Date Departure Date

Additional Point of Contact e-mail address and phone number

☐ I acknowledge by checking the box that I have verified that the proposed foreign national guest is not listed on any "denied person" list maintained by the U.S. Department of Commerce Bureau of Industry and Security.
<http://www.bis.doc.gov/complianceandenforcement/liststocheck.htm>

Is your foreign national guest listed on one of the Bureau of Industry and Security lists?

PURPOSE OF VISIT

Does this visit involve any classified, Sensitive But Unclassified (SBU), or otherwise controlled, proprietary, or not-for-public release data, information, or technology?

Fax the completed form to the security office at 206-526-4543, or contact Mike Shearin 206-526-6674 or mshearin@doc.gov to receive information on electronic submission.

DO NOT EMAIL THIS FORM WHEN COMPLETED