

PART "A"

To:

Date:

From:

Prepared by:

Symbol:

Telephone No. - Commercial:

IT IS REQUESTED THAT THE FOLLOWING PERSON(S) BE GRANTED VISIT/ACCESS APPROVAL:

FTS:

LAST NAME, FIRST, MIDDLE INITIAL AND SOCIAL SECURITY NUMBER	Check		DATE OF BIRTH	ORGANIZATION	TYPE CLEARANCE	CLEARANCE NO.	DATE OF CLEARANCE
	U.S. CITIZEN	ALIE N					
NAME OF FACILITY(IES) TO BE VISITED:				FOR THE INCLUSIVE DATES	DOE SECURITY OFFICIAL VERIFYING DOE CLEARANCE		

FOR THE PURPOSE OF:

TO CONFER WITH THE FOLLOWING PERSON(S)

SPECIFIC INFORMATION TO WHICH ACCESS IF REQUESTED:

ACCESS REQUESTED TO:
 Restricted Data Yes No X
 Other classified into Yes X No O

PRIOR ARRANGEMENTS HAVE/HAVE NOT BEEN MADE AS FOLLOWS:

CERTIFICATION FOR PERSONNEL HAVING DOD CLEARANCE

This certifies that the person(s) named above needs this access in the performance of duty and that permitting the above access will not endanger the common defense and security.

Authorized access to Critical Nuclear Weapon
Design Information (CNWDI) in Accordance
with DOD Directive 5210.2 X Yes O No

NAME AND TITLE, REQUESTING DOD OFFICIAL

Title, Authorizing DOD Official
(See DOD Directive 5210.2 and 5210.8)

Signature

(See AR 380-150; OPNAV 5510.3F; AFR 2105-1)

CERTIFICATION FOR PERSONNEL HAVING DOE CLEARANCE

This certifies that the person(s) named above needs this access in the performance of duty.

TITLE

REQUESTING DOE OR OTHER GOVERNMENT AGENCIES

PART "B"

Approval is granted with limitations indicated below:

Manager of Operations/or Headquarters Division Director

SEE REVERSE OF PART 5 FOR PRIVACY ACT INFORMATION STATEMENT