

A. Foreign National Name(s):

* First Name Given at Birth:

* Middle Name:

* Last Name:

Aliases:

B. * Gender: Male Female

C. * Is foreign national currently in U. S.? Yes No

* Has an application for U. S. Naturalization been filed? Yes No If yes, date filed:

D. * Birth Date:

(Place of Birth) * City/Province/Region:

(Place of Birth) * Country: - Select Item -

* Citizenship: - Select Item -

Social Security No.:

E. * Does foreign national maintain dual citizenship? Yes No

If yes, select both countries from the Citizenship boxes below and select which country the individual resides:

Citizenship 1: - Select Item -

Citizenship 2: - Select Item -

Country of Residence: - Select Item -

F. Passport Number:

Expiration:

Issuing Country:

G. Select Item -

Visa Type: - Select Item -

Visa Number:

Expiration:

I-94 Number:

Expiration:

Supporting Documentation: - Select Item -

I-94 Supporting Documentation - Other:

Will an Exchange Visitor (J-1) visa be required? Yes No

* Is visitor/assignee a Lawful Permanent Resident (LPR)? Yes No

If yes, provide Green Card #:

Expiration Date:

G. * Current Employer, University, or Institution Affiliation:

If this plan is for

Employment then the Employer must state INL.

Division:

* Job Title:

* Street Address:

* City:

State:

Zip:

* Country: - Select Item -

Work Phone:

Fax No.:

Email:

* Is work location different from employer's address listed above? Yes No

If yes, enter address here:

Kind of business or organization of foreign national's employer:

In what capacity will the foreign national work while at the INL:

Educational background:

* Field of research:

* Does the visitor wish to bring their own laptop into INL facilities? Yes No

If yes, provide a justification:

* Are there family members who will accompany or join the foreign national to Idaho Falls, ID? Yes No

If yes, write family members here:

First Name:
Middle Name:
Last Name:
Relationship:
Birth Date:
Birth City:
Birth Country:
Citizenship:

First Name:
Middle Name:
Last Name:
Relationship:
Birth Date:
Birth City:
Birth Country:
Citizenship:

H. Home Address:

City: State: Zip:

Country: - Select Item -

Home Phone: Cell Phone: Email: