**FV&A Visitor Request Form** A. Foreign National Name(s): \* Middle Name: \* Last Name: \* First Name Given at Birth: Aliases: 0 B. \* Gender: Male Female C. \* Birth Date: (Place of Birth) \* City/Province/Region: (Place of Birth) \* Country: - Select Item -Citizenship: - Select Item -Does foreign national maintain dual citizenship? Yes 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 -**E.** \* Is foreign national currently in U. S.? If yes, is foreign national an Immigrant Alien? Yes Has an application for U. S. Naturalization been filed? Yes No If yes, date filed: Is visitor/assignee a Lawful Permanent Resident (LPR)? If yes, provide Green Card #: **Expiration Date:**  $\blacksquare$ Social Security No.: Passport Number: Expiration: **Issuing Country:** - Select Item -Visa Number: Visa Type: - Select Item -Expiration: I-94 Number: 0 Expiration: Supporting Documentation: - Select Item -I-94 Supporting Documentation - Other: Will an Exchange Visitor (J-1) visa be required? No **G.** \* Current Employer, University, or Institution Affiliation: If this plan is for Employment then the Employer must state INL. \* Job Title: Division: \* Street Address: City: State: Zip: \* Country: - Select Item -Work Phone: Fax No.: Email:

EV&A Visitor Request Form				
* Is work location different from employer's address listed above? Yes No				
	If yes, enter address here:			
	Kind of business or organization of foreig	n national's employer: 📵		
	In what capacity will the foreign national	work while at the INL: 6		
	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, provide information for each accompanying family member by clicking the Add Family Member button.			
H.	Home Address:			
	City:	State:	Zip:	
	Country: - Select Item -			
	Home Phone:	Cell Phone:	Email:	