

# 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](mailto:mshearin@doc.gov) to receive information on electronic submission.

**DO NOT EMAIL THIS FORM WHEN COMPLETED**