

**DEPARTMENT OF HOMELAND SECURITY
FOREIGN NATIONAL VISITOR ACCESS REQUEST**

INSTRUCTIONS

In order to support visits by foreign nationals to DHS facilities and personnel, visitor hosts shall submit this form to DHS element Foreign Visit representatives (per element Foreign Visit Procedures) **30 days in advance of a visit of 30 days or less or 60 days in advance of an assignment 31 days or more**. For purposes of this form, a foreign national is defined as a person who is not a citizen or national of the United States. This form shall be filled out for each visitor (including drivers, interpreters, etc.) and each program to be visited. Visitor hosts shall be notified upon approval or disapproval of the visit. If the visit may involve sharing or disclosure of classified information, the host must contact the DHS Foreign Disclosure Officer prior to the visit for guidance. **NOTE: All information below is mandatory.**

FOREIGN VISITOR INFORMATION

NAME OF VISITOR (LAST , First, Middle)		GENDER	DATE OF BIRTH (MM-DD-YY)
CITY AND COUNTRY OF BIRTH		COUNTRY(IES) OF CITIZENSHIP	
GREEN CARD <input type="checkbox"/> Yes <input type="checkbox"/> No	GREEN CARD EXPIRATION DATE (MM-DD-YY)		LAWFUL PERMANENT RESIDENT NUMBER
SOCIAL SECURITY NUMBER	VISA TYPE	VISA NUMBER (PLEASE PROVIDE COPY)	VISA EXPIRATION DATE (MM-DD-YY)
PASSPORT COUNTRY OF ISSUE (PLEASE PROVIDE COPY OF PHOTO PAGE)		PASSPORT NUMBER	PASSPORT EXPIRATION DATE (MM-DD-YY)
CURRENT EMPLOYER / DIVISION / OFFICE		TYPE OF BUSINESS/ORGANIZATION	
EMPLOYER ADDRESS (STREET, CITY, STATE, ZIP CODE, COUNTRY)			EMPLOYER PHONE NUMBER
VISITOR JOB TITLE / POSITION			VISITOR CONTACT NUMBER AND EMAIL
VISIT INFORMATION			
DATE OF REQUEST	DHS VISITOR HOST NAME (LAST, FIRST MIDDLE)	Does host have a security clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HOST ORGANIZATION (ELEMENT,DIVISION,OFFICE)			
HOST PHONE NUMBER	HOST E-MAIL ADDRESS		HOST FAX
VISIT START DATE	VISIT END DATE	NUMBER OF DAYS ON SITE	
Will any sensitive/classified information be discussed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<u>UNCLASSIFIED</u> DESCRIPTION OF VISIT PURPOSE / SUBJECTS TO BE DISCUSSED / INTERNATIONAL AGREEMENTS			
FULL NAME OF ORGANIZATION AND PROGRAM TO BE VISITED			
FACILITIES TO BE VISITED (INCLUDE BUILDING NAME/NUMBER, ADDRESS, ROOM NUMBERS, AND HIGHEST LEVEL OF CLASSIFICATION FOR WHICH THE FACILITY IS ACCREDITED – UNCLASSIFIED, SECRET, SCI,)			

DHS VETTING NUMBER:

NTC VETTING NUMBER: