

**REQUEST FOR VISIT**

*(Not to be used for temporary or permanent personnel assignments)*

Estimated burden per response to comply with this mandatory information collection request: 10 minutes. This submittal is used to validate the level of access authorized during an official visit. Send comments regarding burden estimate to the Records Management Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0051), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

**PART A**

To <b>Security Branch, DFS/ADM</b>	Date
From (Requesting Office -- Branch Chief or Above)	Telephone Number

**CERTIFY PURPOSE/NEED FOR VISIT REQUEST**

_____ SIGNATURE OF REQUESTING NRC OFFICIAL	_____ TITLE	_____ Date
NAME OF FACILITY(IES) TO BE VISITED	INCLUSIVE DATES	
	From	To

Purpose of visit:

Point of contact: Telephone Facsimile

Program/Level of access requested:

Prior arrangements:  have not been made or  have been made as follows:

**PART B It is requested that the following person(s) be granted visit/access approval:**

LAST NAME, FIRST NAME, MIDDLE INITIAL	SOCIAL SECURITY NUMBER	U.S. CITIZEN (Check one)		DATE OF BIRTH	DATE/ TYPE OF CLEARANCE	DATE/ TYPE OF INVESTIGATION
		Yes	No			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			

NRC Security Official verifying NRC clearance	Signature	Date
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**PART C**

Remarks: