

From: John H Williams <jhwillia@usgs.gov>
To: "James Noggle" <JDN@nrc.gov>
Date: 06/05/2006 3:05:48 PM
Subject: Re: Fwd: Emailing: Request%20for%20VA.doc

John H. Williams
U. S. Geological Survey
425 Jordan Road
Troy, NY 12180-8349
518-285-5670
518-285-5601 FAX

"James Noggle" <JDN@nrc.gov>
06/05/2006 01:42 PM

To
<Jhwillia@usgs.gov>
cc

Subject
Fwd: Emailing: Request%20for%20VA.doc

Dear John,

In order to provide you with access to Indian Point, we need some personal information as indicated in the attached. Please provide this info to me and I will look after your security clearance for next week. Thanks.

Regards,

Jim

----- Message from "Croulet, Donald K" <dcroule@entergy.com> on Mon, 5 Jun 2006 13:28:43 -0400 -----

To:
<jdn@nrc.gov>
Subject:
Emailing: Request%20for%20VA.doc

<<Request%20for%20VA.doc>>

Hello Jim,

The attached access authorization form needs to be completed for John Williams (USGS). It is my understanding that he will be escorted by the NRC during his time at IPEC. Please include the dates that he will need access to the site. Complete the form and return it to me so I can forward it along to our security department.

Thanks,
Don Croulet

G-11

(914)734-6671

FAX (914)734-6771 [attachment "Request%20for%20VA.doc" deleted by John H
Williams/WRD/USGS/DOI]



Attachment 10.7 Protected Area Visitor Access Authorization Request

PLEASE PRINT ALL INFORMATION
REQUEST FOR VISITOR PROTECTED AREA ACCESS

Visitor Name: _____
Last First Middle

Social Security #: _____ Date of Birth: _____

Home Address: _____

Home Phone: _____ Citizenship: _____

Employed By: _____
Company Name

Check here IF this individual is a vehicle driver that will be making routinely scheduled deliveries (\geq once per week) in the Protected Area and I request that they be added to the authorized vehicle driver list.

Check here IF this individual will be authorized to carry a photographic device.
Authorization signature VP or Designee: _____

Reason for visit: _____

Date required for Protected Area Access: From: _____ To: _____

Contact Person: _____ Phone #: _____

Requested by: _____ Date: _____
Printed Name / Signature

Sponsored by: _____
Entergy Department Manager/designee Printed Name/Signature Date

IF this visitor requires Radiologically Controlled Area access an additional copy of this form must be faxed to Dosimetry 788-2895 (IP2) / 736-8419 (IP3).

ALL fields above MUST be completed prior to submitting to OCA office. Incomplete forms will be returned to the respective sponsor for completion prior to named individual being granted access to the site.

Access Authorization Use Only:
Badge issued by: _____

Type of Positive ID(s) used to verify subject: 1st) _____

Required for non photo ID: 2nd) _____