



National Aeronautics and
Space Administration
John C. Stennis Space Center
Stennis Space Center, MS 39529-6000

NASA FOREIGN NATIONAL MANAGEMENT SYSTEM VISITATION REQUEST

(Implemented by NPG 1371.2)

Visitor's Name:		Last	First	Middle	*Social Security Number
Date		Home Address			
Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Citizenship	Date of Birth	Country of Birth	City of Birth
Title, Position or Duties				Is Visitor Currently in U.S.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
VISA INFORMATION					
Visa Type		Visa Number		Expiration Date	
PASSPORT INFORMATION					
Passport Number		Expiration Date		Country of Issue	
GREEN CARD INFORMATION					
Green Card <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Resident Alien Number		Social Security Number	
EMPLOYER INFORMATION					
Agency or Firm Represented			Country Where Located		
Address					
Phone		FAX		E-Mail Address	
Title, Position or Duties				If Construction, Area Where Company is Working on Site	
FAMILY MEMBER INFORMATION					
Are There Family Members Who Will Accompany or Join Applicant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, Fill in Information Below)					
Name		Relationship to Visitor		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Country of Birth		City of Birth		VISA Number	
Passport Number		Country of Issue		Expiration Date	
INFORMATION BELOW THIS LINE TO BE COMPLETED BY THE HOST					
Host's Name:		Last	First	Middle	Host Phone Number
Citizenship of Host		Company of Host		Desired Start Date of Visit	
				Desired End Date of Visit	
Purpose of Visit					
Buildings and Rooms to be Accessed				Cost to NASA	
Discussion Topics					
Will Sensitive Subjects be Discussed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
Will Visit Include Transfer of Technology? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
Will Visitor/Assignee be Authorized Access to Computer or Information Technology Resources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
If So, Will the Access be <input type="checkbox"/> On-site or <input type="checkbox"/> Off-site					
Will Export License be Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
Is the Assignment for Intermittent Access Periods? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Estimated Number of Days on Site: 20					
Privacy Act Notice					
Disclosure of your Social Security Number (SSN) on this form is voluntary. The SSN is issued as identification to ensure that an individual is properly identified and to prevent duplicate or erroneous records. Collection of this information is authorized by Executive Order 9397.					