

OSY Foreign National Request

Instructions (This form must be typed).

This form, once completed and submitted to your Servicing Security Office (SSO) constitutes your obligation to meet the notification requirements outlined in DAO 207-12, Section 5.06

Part A, B, C, D, E and F must be completed for **all Guest requests**. **Only Part A** is required for **Visitors**

Part A.

1. Name: Last _____ First _____ Middle Name _____

Organization/Non-DOC/Home Country Affiliation: _____ Title: _____

2. Date of Birth (MM/DD/YYYY): _____ 3. Gender: M F

4. Place of birth (City/State/Country): _____

5. Country of Citizenship (List all): _____

6. Country of Permanent Residence: _____

7. Passport Number and Issuing Country (List All): _____

8. Length of time (list consecutive periods) in the United States? From: _____ To: _____
From: _____ To: _____
From: _____ To: _____

9. Sponsor's Name and Signature: _____

(Must be a Federal Employee of the Department of Commerce)

10. Sponsor Bureau: _____ Sponsor Phone Number: _____

11. Sponsor Email: _____

12. Facility Number, Name and Address: _____

City, State and Zip Code: _____

13. Visit Arrival Date: _____ Visit Departure Date: _____

Per DAO 207-12, the SSO must be notified about itinerary changes or changes related to the visit

14. Alternate Point of Contact (name, email, phone): _____

15. Is this a RENEWAL? Yes No

16. Purpose of Visit: (No Acronyms; Be specific (i.e. associated program name, meeting purpose)

17. Accounting Code: _____

1 CONTAINS PII – Send by Secure File Transmission or other approved methods for PII materials.

Name: Last _____ First _____

Visit Arrival Date: _____ Visit Departure Date: _____

Part B. Justification: *Please describe the collaboration and contributions by the Foreign National (FN) Guest. Include specific detail regarding the FN's affiliations (contract/organization/ government/education), qualifications, expertise, scope of work, and how this work will further the Department's mission. The provided justification must also include how the foreign national visit is in the best interest of the DOC Bureau being visited. (NO ACRONYMS, including organization offices.)*

I certify the benefits to be gained from hosting _____ will further the Department's mission and have been balanced against the need to protect sensitive assets at the Department and the risks associated with failure to protect these assets. I have signed Attachment 2, to the DAO 207-12. "Certification of Conditions and Responsibilities for Departmental Sponsors (DS) of Foreign National Guests," and I accept the responsibility for performing the duties set forth in the DAO in order to manage the risks involved with sponsoring foreign nationals in federal facilities. In this regard, I will take all reasonable steps to ensure that my Guest will not have unauthorized physical, visual, or virtual access to classified, Sensitive But Unclassified (SBU), export controlled, proprietary, or not-for-public-release data, information, or technology.

(Typed Name & Signature of DS)

(Date)

(Typed Name & Signature of Escort, as applicable)

(Office/Lab/Program and Facility/Location Name-No Acronyms)

(Typed Name & Signature of Escort, as applicable)

Name: Last _____ First _____

Visit Arrival Date: _____ Visit Departure Date: _____

Part C. Deemed Export:

1. A controlled technology assessment has been conducted at the site(s) identified to be accessed by the foreign national guest and a controlled technology inventory and Access Control Plan are on file. Yes No

2. Access control measures are in place to prevent the unauthorized release of controlled technology. I will not release export controlled items or technology without the requisite license from the Bureau of Industry and Security (BIS). Yes No

3. Will the FN guest have access to technology/information that is NOT publicly available? Yes No
15 C.F.R. § 734.3(b)(3),

http://www.bis.doc.gov/index.php/forms-documents/doc_view/412-part-734-scope-of-the-export-administration-regulations

4. Will the FN have access to export controlled items that would require an export license? Yes No
If YES, have you applied for the license? Yes No

5. Does this visit involve any classified, Sensitive But Unclassified (SBU), or otherwise controlled, proprietary, or not-for-public release data, information, or technology? Yes No

Do ITAR or OFAC controls apply to any of the data, information, or technology? Yes No

6. I acknowledge by signing, 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/complianceand enforcement/liststocheck.htm>

(Printed Name & Signature of DS)

(Date)

Part D. I concur that the value of collaboration and contributions gained by providing access to Department facilities, staff and information to the above named foreign national has been balanced with the need to protect classified, SBU, export controlled, or otherwise controlled, proprietary or not-for-public-release data, information, or technology. A controlled technology inventory has been completed and an Access Control Plan, as applicable, documenting measures to prevent unauthorized release of controlled technology, is in place for the locations to be accessed by the foreign national.

(Typed Name & Signature of Designated Official)

(Date)

(Organization)

Name: Last _____ First _____

Visit Arrival Date: _____ Visit Departure Date: _____

Part E. Logical Access Requirements (to be completed by Departmental Sponsor (DS)). DS should fill out Part E below and then provide to the Information Technology Security Officer (ITSO) for completion of Part F.

Basic logical access may include access to a Bureau email address and standard Bureau unclassified network access.

Does this FNG require local logical access? Yes No

Does this FNG require remote logical access? Yes No

In addition to basic logical access to Bureau email and standard unclassified network access, below is a description of the additional IT access that the named FNG may be granted permission to use. Include the FIPS 199 security categorization level of the information to be accessed. Provided details on any Privileged Access required. ^{1,2}

(Please add attachment if more space is needed)

¹Until the DOC Privileged Access Management policy is formally signed, privileged access is defined by Bureau policy.

² If privileged access is required, additional sign off by the Authorizing Official(s) is required.

Date access ends (one year maximum from date of approval): _____

NOTE(s):

- ***This form does not replace any other Bureau specific requirements for logical access.***
- ***FNG access to classified / National Security information is prohibited per CAM 1337.70 (Nov 2015), §3.4.3***

I concur that the value of collaboration and contributions gained by providing logical access to Department and/or Bureau computer systems and information to the above named foreign national guest (FNG) has been balanced with the need to protect classified, CUI, export controlled, or otherwise controlled, proprietary or not-for-public-release data, information, or technology. A controlled technology inventory has been completed and an Access Control Plan, documenting measures to prevent unauthorized release of controlled technology, is in place for the DOC activities involving controlled technology to be accessed by the foreign national. **The DOC Access and Use Policy (CITR-022) has been acknowledged in writing by the named foreign national, per section 6.2 of the policy** (Email docitsecurity@doc.gov for a copy of CITR-022).

(Printed Name & Signature of DS)

(Date)

(Organization)

Name: Last _____ First _____

Visit Arrival Date: _____ Visit Departure Date: _____

Part F. FIPS199 Validation *(to be initialed and completed by the ITSO upon review of Part E).*

Security categorization level will be assigned at the highest level in which access is requested.

Low Moderate³ High³

Additional information (if necessary):

³ Additional approval from the Authorizing Official will be required for overall FIPS199 security categorizations of Moderate or High.

Based on a review of Part E and the electronic information to be accessed, the overall risk level of the logical access required specified above is accurate:

(Printed Name & Signature of ITSO or Designee) (Date) (Organization)

(Printed Name & Signature of ITSO or Designee - if necessary) (Date) (Organization)

(Printed Name & Signature of ITSO or Designee - if necessary) (Date) (Organization)

If the overall FIPS199 Security Categorization is Moderate or High or Privileged Access is required:

(Printed Name & Signature of Authorizing Official) (Date) (Organization)

(Printed Name & Signature of Authorizing Official - if necessary) (Date) (Organization)

(Printed Name & Signature of Authorizing Official - if necessary) (Date) (Organization)