Instructions (This form must be typed).

* This form must accompany NAO 207-12, Appendix B, “Certification of Conditions and Responsibilities for Departmental Sponsors of Foreign National Guests” (same as DAO 207-12, Attachment 2)
* **Part A and C** must be completed for **all requests**. **Part B** needs to be completed *only* if the LO/SO has not completed controlled technology (CT) assessments at all facilities. (Only the CTC completes Part B, if necessary)
* If the foreign national will access a NOAA vessel, the Marine Operations Center (MOC), a NOAA aircraft, or the Aircraft Operations Center (AOC), the DSN must contact the MOC or the AOC for reporting requirements.
* The DSN sends these forms directly to the LO/SO Controlled Technology Coordinator (CTC) or Designated Official.

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**Part A.** (Please complete Questions 1-6)

1**. Is this a RENEWAL?** Yes  No  2. **Home Country:** Country Name

3. **Dates of Visit (Maximum one year; renew if necessary):** 6/18/2016 to 6/17/2016.

4. **Non-NOAA Affiliation:** Click here to enter text. 5. **Title:**

***6. Justification:*** *Please describe the collaboration and contributions by the Foreign National (FN) Guest (named below).*

*Include specific detail regarding the FN’s affiliations (contract/organization/ government/education), qualifications, expertise, scope of work, and how this work will further NOAA’s mission.* ***(NO ACRONYMS, including NOAA offices.)***

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| Click here to enter text. |

I certify the benefits to be gained from hosting Foreign National Name will further NOAA's mission and have been balanced against the need to protect sensitive assets at NOAA and the risks associated with failure to protect these assets. I signed Appendix B to NAO 207-12, "Certification of Conditions and Responsibilities for Departmental Sponsors of Foreign National Guests," and I accept the responsibility for performing the duties set forth in Appendix B 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.

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| DSN Name |  | Click here to enter a date. | Geophysical Fluid Dynamics Lab (GFDL) |
| **Printed Name of DSN** | **Signature of DSN** | **Date** | **(Office/Lab/Program and Facility/Location Name-No Acronyms)** |

Optional: Additional Point of Contact for this request (**email address only**): Latoyia.Kirton@noaa.gov; Jeff.Flick@noaa.gov; Jean.Apedo@noaa.gov

**Part B*.* (For LO/SOs that have *not* completed CT assessments at all facilities).** A controlled technology inventory and Access Control Plan is in place at the site(s), identified on Appendix B, to be accessed by the foreign national guest. I have advised the DSN of access control measures to prevent the unauthorized release of controlled technology.

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| CTC Name |  | Click here to enter a date. |
| **Printed Name CTC** | **Signature of CTC** | **Date** |

**Part C.**  I concur that the value of collaboration and contributions gained by providing access to NOAA 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, documenting measures to prevent unauthorized release of controlled technology, is in place for the locations to be accessed by the foreign national.

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| Bruce T. Gibbs |  | Click here to enter a date. |
| **Printed Name CTC or Designated LO/SO Official** | **Signature of CTC or Designated LO/SO Official** | **Date** |

**The CTC** forwards the complete ESF/Appendix B to the Chief Administrative Officer via ann.murphy@noaa.gov.

I V Ramaswamy endorse the submission of this foreign national guest package for FNG. I acknowledge that my endorsement is for the period of stay from Start Date to End Date.

I V Ramaswamy further acknowledge that the sponsor has reviewed and met the established criteria for the submission of this application.

1. The foreign national's country of citizenship, dual citizenship, residence, and birth.
2. The critical nature of technology, information, or other material to which the foreign national may have physical, visual, or virtual access to.
3. The departmental sponsor's (DSN) history of compliance with DAO 207-12, Commerce Foreign National Visitor and Guest Access Program; and NAO 207-12, Technology Controls and Foreign National Access.
4. The security status of the facility as indicated by existing physical and cyber controls established in compliance with DOC, NOAA, and other Federal regulations and standards.
5. Applicability of export control laws and regulations to the equipment and/or technology to be accessed (licensing agencies will be involved in making those decisions) and
6. The length of visit.



**Certification of Conditions and Responsibilities for**

**Departmental Sponsors of Foreign National Guests**

I understand and acknowledge that I have been designated as the Departmental Sponsor (DS) for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a Foreign National Guest. I understand that I am responsible for taking all reasonable steps for ensuring that the conduct and activities of this Foreign National Guest are appropriate for the Federal workplace and comply with this Order and other applicable security directives. I further understand, acknowledge, and certify that I shall comply with the following conditions and responsibilities including providing timely, complete and accurate information to the Office of Security.

1. I will promptly notify the servicing security office if there is any change to the arrival or departure date of my Foreign National Guest.

2. I will ensure my Foreign National Guest meets with the servicing security office within three days of arrival to receive and sign the Certificate of Conditions and Responsibilities for the Foreign National Guest program. In the event the servicing security office is not located within my facility, I will provide the required briefing and ensure the certification is signed and forwarded to the servicing security office within three days of the Guest’s arrival.

3. My Foreign National Guest’s normal work area will be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. 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), and otherwise controlled, proprietary, or not-for-public release data, information, or technology. This specifically includes but is not limited to access to technology on the Commerce Control List, sensitive economic data, and trade policies or practices not approved for public release unless properly authorized by appropriate Departmental officials and, when necessary, licensed by the Bureau of Industry and Security or any other U.S. Government agency with appropriate jurisdiction.

4. I will only provide my Foreign National Guest with access to information or technology necessary to the successful completion of the visit in accordance with the Guest Researcher Agreement/Memorandum of Understanding, Intergovernmental Personnel Act, or other applicable document governing the terms of the visit.

5. I will take all reasonable steps to ensure that my Foreign National Guest does not use personal communication, photographic, recording, or other electronic devices in those areas of Departmental facilities where classified, SBU, or otherwise controlled, proprietary, or not-for-public release data, information, or technology is present without explicit authorization and unless adequate protective measures are in place to protect against collection of the same.

6. I will inform my Foreign National Guest that he/she shall not use his/her tenure with

DOC or his/her DOC photo identification badge to arrange or sponsor visits by other individuals to DOC or other U.S. Government and /or privately owned facilities. Any requests for visits must be approved and arranged by me.

7. I will inform my Foreign National Guest that he/she must, upon request, consent to a security check and complete and sign the paperwork necessary to conduct the check. I will further inform my Guest that his/her failure to consent to a security check or to complete and sign the necessary paperwork will result in termination of his/her access to DOC facilities.

8. I will report any suspicious activities or anomalies involving my Foreign National Guest to the servicing security office.

9. I have read, understand, and shall comply with all applicable security regulations of the

Foreign National Guest Program.

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| (Typed Name) | (Signature) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (Title) | (Date) |
| 609-452-6560 | 201 Forrestal Road, Princeton NJ 08540 |
| (Bureau and Telephone Number) | (Address) |

**Endorsement by the Senior Administrative Official**

Concur/Nonconcur with the request of the Departmental Sponsor.

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| (Name) | (Title) |