

**DOC Foreign National Request  
Form A**

**Instructions** *(This form must be typed and completed by Departmental Sponsor).*

This form is used for investigative purposes, and, once completed and submitted to your Field Servicing Security Office (FSSO), constitutes your obligation to meet the notification requirements outlined in DAO 207-12, Section 5.06. This form must be completed for all Foreign National (non-U.S. National) Visitor and Guest requests.

Note: Questions #2, 3, 4, and 6 may be omitted for Lawful Permanent Residents presenting valid alien registration credentials (e.g., Form I-551, "Green Card"). For a multi-member visitor group, delegation/or conference, use the Appendix (p. 2) to provide or attach required information (#1-7).

**Section A.**

1. Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

2. Title(s): \_\_\_\_\_

3. Date of Birth (MM/DD/YYYY): \_\_\_\_\_

4. Gender: M ☐ F ☐ 5. Contact Email or Phone Number: \_\_\_\_\_

6. Nationality or Immigration Status:

a. Place of Birth (City/State/Country): \_\_\_\_\_

b. Country of Citizenship (List All) or Permanent Residence: \_\_\_\_\_

(If lawfully admitted into the U.S. for permanent residence, provide alien registration (i.e., Green Card number))

c. Passport and I-94 Form admission number: \_\_\_\_\_

7. Country of Citizenship Sponsoring Organization/Entity: \_\_\_\_\_

8. Departmental Sponsor Name and Signature: \_\_\_\_\_

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

9. Sponsor Bureau: \_\_\_\_\_ Sponsor Phone Number: \_\_\_\_\_

10. Sponsor Email: \_\_\_\_\_

11. Facility Number, Name and Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

12. Visit Arrival Date: \_\_\_\_\_ Visit Departure Date: \_\_\_\_\_

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

13. Alternate Point of Contact (name, email, phone): \_\_\_\_\_

14. Is this a RENEWAL? Yes ☐ No ☐ If YES, provide dates of previous visits in Appendix (p. 2).

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

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