VISITOR ACCESS REQUEST

(NOTE: PICTURE ID REQUIRED)

Citizenship	_____ **US CITIZEN** _____ **FOREIGN NATIONAL (Including IMMIGRANT and RESIDENT ALIEN) (Special requirements---Contact Foreign National Coordinator at 648-5602).**
Access Dates	**Beginning Date:** _____/_____/_____ **Ending Date:** _____/_____/_____ **{Maximum 1 year}**
Area Information	_____ **ADMINISTRATIVE AREA** _____ **RADIOLOGICAL AREA (**Answer questions 1, 2 and 3.) 1. YOUR ESTIMATED WHOLE BODY DOSE AT ANY NON-FERNALD SITE IS _____ mrem THIS CALENDAR QUARTER _____ mrem THIS CALENDAR YEAR 2. HAVE YOU BEEN GIVEN A RADIOPHARMACEUTICAL WITHIN THE LAST MONTH? _____ Yes _____ No 3. WHAT IS YOUR OCCUPATION? _____
Personal Information	_____ **Last Name** _____ **First Name** _____ **Middle Initial** _____-_____-_____ **Social Security Number** _____/_____/_____ **Date of Birth** _____ **Male** _____ **Female** (_____) _____ -- _____ **Area Code Home Phone No.**
Home Address	_____ **Street / Mailing Address** _____ **City** _____ **State** _____ **Zip Code**
Emergency Contact	_____ **Name** _____ **Relationship** (_____) _____ -- _____ **Emergency Contact Phone No.**
Employer Information	_____ **Company Name** (_____) _____-- _____ **Company Phone No.** _____ **Co. Street / Mailing Address** _____ **City** _____ **State** _____ **Zip Code**
Badge Type	_____ **VISITOR** _____ **DOE-FCP VISITOR** _____ **TEAMING PARTNER VISITOR** (Submitted by HR Generalist Only) _____ **VISITOR Requiring a Picture Badge** _____ **DELIVERY/VENDOR Requiring a Picture Badge** _____ **PRE-EMPLOYMENT MIT BADGE** (Submitted by HR Generalist Only)

_____ **FCP Contact Name (printed)** _____ **Badge No.** _____ **Phone No.**

As Authorizer, I am responsible for this person and will notify Access Administration immediately when access is no longer required and ensure all government property (including picture badge) is returned.

_____ **Authorizer Name (printed)** _____ **Signature** _____ **Badge No.** _____ **Phone No.**

Authorizer must be a level I or II Manager, DOE-FCP employee or a Fluor Fernald employee approved through form FS-F-5602, Authorizer Delegation.

Send COMPLETED form to Access Administration: T-124; Mail Stop 22; FAX 648-5599

Access Adm.	Badge Issued or *entered* Date:_____Initials_____

NOTES:

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