



Application for Fermilab Visitor ID

For Office Use Only

ID:	Action:	Validation Exp:	
Insurance:	Medical:	Safety:	
Computer:	Stkrm:	Family:	
NON-473:	Sensitive:	Verifier:	Date:

Name:

Last	First	Middle

University or Institution Name:

Country

Telephone:

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Experiment/Department:

Exp. / Dept.	Spokesperson	Home Institution Contact	Contact Telephone

Email Address (Internet):

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Fermilab

Home Institution

Date of Birth: _____ City/State of Birth: _____ Country: _____
 Mo./Day/Yr.

Drivers License Number: _____ State/Country: _____ U.S. Social Security Number: _____

Passport Number: _____ Country of Issue: _____ Exp. Date: _____

Visa Type/Class/Number: _____ Exp. Date: _____

Professional Class: (Check One)

- | | | |
|---|---|--|
| <input type="checkbox"/> Physicist (Ph.D.) | <input type="checkbox"/> Graduate Student | <input type="checkbox"/> Undergraduate |
| <input type="checkbox"/> Post Doctorate | <input type="checkbox"/> Engineer | <input type="checkbox"/> Technician |
| <input type="checkbox"/> Other (Specify): _____ | | |

Experiment/Office Location: _____

Fermilab Phone Extension: _____ Mail Station: _____ **(over)**

Local Residence Address: _____ Telephone: _____

Name of Spouse: _____ Here Not Here

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name	Relationship	Address	Telephone

FAMILY MEMBERS:

List the name, relationship, date of birth, and citizenship of any family members who have accompanied you here or who may join you here at a later date.

Name	Relationship	Date of Birth	City/State/Country	Citizenship	Visa Type and Number	Pass. Number and Country	Exp. Date

Citizenship

Country of Citizenship: _____ Male: Female:

Are you an Immigrant Alien (U.S. Resident)? Yes: Exp. Date _____ No:

SAFETY COMPLIANCE:

I have viewed *A Few Words About Safety*, the 25 minute safety video for users, have read Chapter II, "The Basics: What Every Experimenter Needs to Know," from the Procedures for Experimenters. I hereby accept responsibility for complying with the safety practices contained herein and I understand that failure to comply with these procedures may be cause for the laboratory to deny me access to its research facilities.

Signed: _____ Date: _____

FERMILAB COMPUTER SECURITY POLICY:

This document may also be found at <http://www.fnal.gov/cd/main/cpolicy.html> along with any updates. Guidance for computer security at Fermilab is at <http://www.fnal.gov/cd/security/>. I have received and read the *Fermilab Policy on Computing* dated _____ (may be found on last page of policy).

Signed: _____ Date: _____

USER VALIDATION: _____ ID # _____

Spokesperson/Division/Section Head