Foreign Access Management

DHS FOREIGN NATIONAL SCREENING REQUEST FORM

INSTRUCTIONS

In order to support visits, assignments, and other foreign national screening needs, requestors shall forward this form to the foreign national(s) being considered for screening. This form shall be filled out for each foreign national requiring screening.

FOREIGN NATIONAL INFORMATION

NAME (LAST, FIRST, MIDDLE):

ALIASES:

GENDER:

DATE OF BIRTH (MM/DD/YYYY):

CITY AND COUNTRY OF ORIGIN:

DUAL CITIZENSHIP: ☐ YES ☐ NO

LEGAL PERMANENT RESIDENT: ☐ YES ☐ NO

COUNTRY(IES) OF CITIZENSHIP:

CITY AND COUNTRY OF RESIDENCE:

FOREIGN NATIONAL INFORMATION *(Passport/Visa)*

PASSPORT COUNTRY OF ISSUE (MANDATORY):

PASSPORT NUMBER (MANDATORY):

EXPIRATION DATE (MM/DD/YYYY) (MANDATORY):

VISA ISSUANCE LOCATION:

VISA TYPE:

VISA NUMBER:

VISA EXPIRATION DATE (MM/DD/YYYY):

ALIEN REGISTRATION NUMBER:

FOREIGN NATIONAL INFORMATION *(Employer Information)*

CURRENT EMPLOYER (COUNTRY OR COMPANY):

TYPE OF BUSINESS OR ORGANIZATION:

GOVERNMENT OWNED BUSINESS: ☐ YES ☐ NO

CURRENT EMPLOYER (COUNTRY OR COMPANY ADDRESS (STREET, CITY, STATE, ZIP CODE, COUNTRY):

EMPLOYER TELEPHONE NUMBER:

JOB TITLE OR POSITION:

EMAIL ADDRESS:

CONTACT NUMBER:

SPONSOR INFORMATION *(For Internal Use Only)*

NAME (LAST, FIRST, MIDDLE):

JOB TITLE OR POSITION:

DATE OF REQUEST:

COMPONENT:

OFFICE OR PROGRAM: U.S. Small Business Administration

TELEPHONE NUMBER:

EMAIL ADDRESS: visitors@sba.gov

VISIT OR EVENT INFORMATION *(For Internal Use Only)*

TYPE OF VISIT/EVENT:

AFFECTED PROGRAM:

DATE(S) OF VISIT OR EVENT:

CLASSIFICATION OF ACCESS:

NAME AND TITLE OF VISIT HOST OR AFFECTED FEDERAL EMPLOYEE:

DISCLOSURE OF INFORMATION:

☐ YES ☐ NO

HOST ORGANIZATION:

U.S. Small Business Administration

PURPOSE OF REQUEST:

HOST TELEPHONE NUMBER:

LOCATION OF ACCESS:

HOST EMAIL ADDRESS:

visitors@sba.gov

BACKGROUND (DESCRIBE THE CIRCUMSTANCES SURROUNDING THE SCREENING REQUEST)

Reason for the Visit:

Note that this form is distributed by the U.S. SBA for DHS processing.

PRIVACY ACT STATEMENT

Authority: The collection of this information is authorized by Executive Order 13587, 6 USC 341, PDD 12, DCID 6/4,and Interagency Security Committee Standard, “Physical Security Criteria for Federal Facilities.”
Purpose: DHS will use this information to determine the risks to DHS personnel, facilities, information, systems, and programs, and to further screen foreign nationals to determine if future access may be granted to a DHS facility or program.
Routine Uses: The information will be used by, and disclosed to, DHS Security personnel, contractor employees, or other agents who require the information to mitigate and manage the risks posed to DHS. DHS may also share the information with other government agencies, as necessary.
Disclosure: The requested information is necessary to determine the risk posed to DHS.

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