

## Security Information Requirements for International Visitors

1. Visitor's Full Name (official):	
2. Gender:	
3. Date of Birth:	
4. Place of Birth (city, province, state, country):	
5. Country of Citizenship:	
6. Passport Type and Number:	
7. Date of Passport Issue:	
8. Date of Passport Expiration:	
9. Type of Visa and Expiration Date: * If the visitor is a Permanent Resident of the U.S., provide Permanent Resident Number: * If the visitor is currently in the U.S., on what Visa Type:	
10. Visitor's Organization:	
11. Visitor's Position/Title within the Organization:	
12. Visitor's Organization Address:	
13. Visitor's Organization Telephone Number:	
14. CDC Host's Name (Must be an FTE): Host's Telephone Number: Host's CIO: Host's Division: Host's Branch: Host's Supervisor:	Heinz Ahlers 412-386-5132 NIOSH-NPPTL Technology Evaluation Branch Les Boord
15. Host's Campus, Building & Room Number (also, please indicate other facilities, if any, for which access is requested):	NIOSH-NPPTL Building 20, Room 206 B140 Multipurpose Room 626 Cochrans Mill Road, Pittsburgh PA
16. Date(s) of Visit:	
17. Purpose of Visit:	Attend Respirator Manufacturers Meeting
18. Will the individual require access to select agent laboratories? (Yes / No)	No
19. Will the individual require laboratory access? (Yes / No)	
20. Will any portion of the visit include laboratory work or training? (Yes / No)	No
21. Will any portion of the visit include work or training in animal areas? (Yes / No)	No

***This form can be submitted 90 days prior to the intended visit; but must be submitted no later than 10 full-business days in advance of intended visit.***

**E-mail completed form to: [pitsecurity@cdc.gov](mailto:pitsecurity@cdc.gov) and [npptlevents@cdc.gov](mailto:npptlevents@cdc.gov)**