

U.S. Person Verification Form

SDL Facilities

Part 1 must be filled out by the visitor. Part 2 must be filled out by the applicant's Security or Human Resource Office, certifying that the person requesting access to SDL Facilities meets the requirements as outlined by ITAR Part 120.15.

PART 1: VISITOR INFORMATION (Completed by the visitor)

Name: _____ Last 4 of SS #: _____

Business/Organization: _____

Business Phone #: _____ Email: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Birth Date: _____ Place of Birth: _____

U.S. Citizen: ___ Yes ___ No

If no, Legal U.S. Permanent Resident: ___ Yes ___ No

U.S. Permanent Resident Card Number: _____

Point of Contact at SDL: _____

PART 2: U.S. PERSON VERIFICATION (Completed by visitor's Security or Human Resource Office)*

By signing below, the **Security or Human Resource** officer certifies that they have verified the accuracy of the information stated above.

Personnel Officer's Name: _____ Title: _____

Personnel Officer's Organization: _____ Phone#: _____

Personnel Officer's E-mail: _____

Personnel Officer's Signature: _____ Date: _____

Return Completed Forms to:
Space Dynamics Laboratory/Security
Fax: (435) 713-3240
Phone: (435) 713-3591

*The visitor listed in PART 1 cannot self-certify.