IA-473

REQUEST FOR FOREIGN NATIONAL UNCLASSIFIED VISIT OR ASSIGNMENT

PART I: PERSONAL DATA

1. Name (Last)	(First/Given)	(Middle)	2. Visitor Number	3. Request Number
4. Gender of Visitor	5. Place of Birth (City, Country)			6. Date of Birth (MM-DD-YYYY)
7. Country of Citizenship			8. Passport Number	9. Expiration Date (MM-DD-YYYY)
10. Immigrant Alien	11. Type of Visa	12. Expiration Date	13. Interpreter Needed	14. Work Phone: E-mail: Fax:

15. Name of Current Employer		16. Place of Work (if different from 15)	
Street		Street	
City	State/Province	City	State/Province
Zip Code	Division	Zip Code	Division
Country		Country	
17. Title, position, or description of visitor's or assignee's duties:			

PART IIA: VISIT/ASSIGNMENT REQUEST INFORMATION

18. Date of Request (MM-DD-YYYY)	19. This request is for	20. Visitor currently in U.S.?
21. For assignment only: Will you require an exchange visitor (J-1) visa?	22. For assignment only: Is the assignment for intermittent periods?	
23. Identify any specific international agreement.		
24. Name of DOE contact. Dennis Kovar	25. DOE contact organization. Division of Nuclear Physics	
26. DOE Contact Telephone Number (301) 903-3613	27. Name of Financial Sponsor SC	28. Cost (Sponsor other than DOE) 0.00

PART III: VISIT/ASSIGNMENT FACILITY INFORMATION

29. Facility or organization to be visited/assigned Name: Brookhaven National Laboratory Location: Upton, NY	Code BN	Security No	Sensitive	2-Letter Dept. Code	30. Desired Dates (MM-DD-YYYY) Start: End:

31. Name of the host responsible for the visit/assignment S.H. Aronson	32. Host's telephone number (516) 344-2051
33. Building and room numbers 510 Physics Dept./1008 PHENIX Experimental Hall	
34. Number of Days on site	35. Programmatic visit/assignment? No
36. Subject Codes 651000	
37. Subjects to be discussed or statement of research in which you wish to be assigned. PHENIX – Pioneering High Energy Nuclear Interaction Experiment Is this a sensitive subject? No	

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PART III: VISIT/ASSIGNMENT PROGRAM INFORMATION AND REMARK

38. High level/protocol visit	39. Cost (DOE)	40. B&R Code	41. HDE Assoc. Director's code	42. Visit or assignment purpose code
No		KB0000	SC-20	13

43. Purpose and justification of visit/assignment, including benefits to DOE program(s)
Visit PHENIX experiment

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44. Name of requesting official or contractor S.H. Aronson	45. Title and organization of requesting officer Sr. Physicist and Director, PHENIX Operations
46. Signature of requesting official or contractor	47. Date signed
48. Name of local/headquarters approving official	49. Title and organization of local/headquarters approving official
50. Signature of local/headquarters approving official	51. Date signed

52.

Export Control Review: ____________________ Date signed ____________

Export License Needed? ☐ Y ☐ N

Technology Transfer Review: ____________________ Date signed ____________

Safeguards and Security Review: ____________________ Date signed ____________

Counterintelligence Review: Date signed

PART IV: MISCELLANEOUS INFORMATION

53. Kind of Business or Organization of Assignee's Employer (e.g., government, company, laboratory, university)

54. Educational background (include degrees, dates conferred, and name of college/university)

55. Field of Research

56. Family members and friends who will accompany the Assignee to BNL or join later

Name (Last/Family, First/Given, Middle): Date of Birth: Citizenship:	City and Country of Birth: Seoul, South Korea Relationship: spouse
Name (Last/Family, First/Given, Middle): Date of Birth: Citizenship:	City and Country of Birth: Relationship:
Name (Last/Family, First/Given, Middle): Date of Birth: Citizenship:	City and Country of Birth: Relationship:

Submitted by ____________________ Extension ____________

Department ____________________ Date ______________