# Fermilab

**For Office Use Only**

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

**Name:**

| | | |
|---|---|---|
| **SWIETZER** | **JOHN** | **JAMES** |
| Last | First | Middle |

| **University or Institution Name:** | Telephone: |
|---|---|
| **FLORIDA STATE UNIVERSITY** | **850-644-XXXX** |

**Experiment/Department:**

| Exp. / Dept. | Spokesperson | Home Institution Contact | Contact Telephone |
|---|---|---|---|
| **D0** | **WOMERSLEY/WEERTS** | **SHARON HAGOPIAN** | **850-644-4777** |
| | | | |
| | | | |

**Email Address (Internet):**

| | |
|---|---|
| **JSWIETZER@FNAL.GOV** | **JSWIETZER@HEP.FSU.EDU** |
| Fermilab | Home Institution |

Do you want to subscribe to:

| | | |
|---|---|---|
| Users' Organization email distribution list? | Yes ☒ | No ☐ |
| Graduate Student Association email list? | Yes ☒ | No ☐ |

Date of Birth: **3 JAN 1842**__ City/State of Birth: **VIENNA**____________________ Country: **AUSTRIA**______
Mo./Day/Yr.

U.S. Social Security Number: _______________________ Passport Number: **876543**____________________

Drivers License Number: ________________________________ State/Country: ________________________

**Professional Class:** (Check One)

- ☐ Physicist (Ph.D.)
- ☒ Graduate Student
- ☐ Undergraduate
- ☐ Computer Programmer
- ☐ Engineer
- ☐ Technician
- ☐ Other (Specify):

Experiment/Office Location: **OFF-SITE**____________________________________________

Fermilab Phone Extension: **NONE**_________________ Mail Station: **357**_____________ **(over)**

Local Residence Address: **OFFSITE**________________________________ Telephone: _____________

Name of Spouse: ___________________________________________ Here ☐ Not Here ☐

**IN CASE OF EMERGENCY, PLEASE NOTIFY:**

| Name | Relationship | Address | Telephone |
|---|---|---|---|
| **OFFSITE** | | | |
| | | | |

**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 | Citizenship |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## Non-U.S. Citizens

Country of Citizenship: **GERMANY**_______________________ Male: ☒ Female: ☐

Are you an Immigrant Alien (U.S. Resident)? Yes: ☒ 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 along with any updates. Guidance for computer security at Fermilab is at http://www-dcd.fnal.gov/computersecurity. I have received and read the *Fermilab Policy on Computing* dated ____DATE HERE______(may be found on last page of policy).

Signed: __**SIGN HERE**__________________________ Date: ____**DATE HERE**________

**HAVE YOUR IB REPRESENTATIVE SIGN HERE TO VERIFY YOUR SIGNATURE.**

**USER VALIDATION:** ____________________________________________________
Spokesperson/Division/Section Head