

**CONTROL FORM FOR DOE/ORO DIRECTIVE**

**PART A (To be completed by the ORO DIRECTIVES MANAGEMENT GROUP, AD-440):**

**1. DIRECTIVE NUMBER, TITLE, AND DATE:**

**ORO O 470, CHAPTER XIV, UNCLASSIFIED FOREIGN VISITS AND ASSIGNMENTS PROGRAM, dated 05/22/2008**

**2. PURPOSE OF TRANSMITTAL:**  New Directive     Revised Directive     Revised Control Form

**3. DOES THIS DIRECTIVE CANCEL OR EXTEND ANY OTHER DIRECTIVES?**  Yes     No  
**If "Yes,"** list what action (cancel or extend) and list the Directive(s) number(s), title(s), and date(s):

The attached Directive is forwarded for review and action. Complete Part B and forward a completed hard copy of this form to ORO DMG, AD-440, by **06/05/2008**.

**PART B (To be completed by the DIVISION OF PRIMARY INTEREST [DPI]):**

**COMPLETE FOR DOE DIRECTIVES ONLY:**

**4. SUPPLEMENTAL ORO DIRECTIVE REQUIRED?**

Is a new or revised supplemental ORO Directive required?  Yes     No

**If "Yes,"** target date for submission of supplemental ORO Directive is \_\_\_\_\_.

**COMPLETE FOR BOTH DOE AND ORO DIRECTIVES:**

**5. CONTRACTOR APPLICABILITY.**

Does this Directive affect the work performed by ORO Contractors?  Yes     No

**If "Yes," whom?**     Bechtel Jacobs Company LLC     ORAU  
 UT-Battelle, LLC     ISOTEK (Bldg. 3019, ORNL)  
 EnergX     Wackenhut (WSI)  
 Other Contractors (list by name)     Protection Strategies Inc. (PSI)

**6. SUBJECT MATTER EXPERT:** Kathy Richardson    OS-20  
Name    Organization

*Original Signed By*

**7. APPROVED BY:** Pauline Douglas    Asst. Manager for Security & Emergency Mgmt, OS-20    05/29/2008  
Signature    Organization    Date

**PART C (To be completed by the ORO DIRECTIVES MANAGEMENT GROUP, AD-440):**

**APPROVED FOR DISTRIBUTION IN ACCORDANCE WITH OFFICIAL DIRECTIVE DISTRIBUTION LIST:**

*Original Signed By*  
Wayne H. Albaugh    05/30/2008  
DMG Team Leader, AD-440    Date

**INSTRUCTIONS TO ADDRESSEES: THIS FORM IS TO BE FILED WITH THE DIRECTIVE AND RETAINED.**    (Revised 02/10/2006)

# U.S. Department of Energy

Oak Ridge Office

ORO O 470 Chapter XIV
--------------------------

DATE: 05/22/2008

---

**SUBJECT: UNCLASSIFIED FOREIGN VISITS AND ASSIGNMENTS PROGRAM**

---

1. PURPOSE. This Chapter correlates to DOE O 142.3, Change 1, UNCLASSIFIED FOREIGN VISITS AND ASSIGNMENTS PROGRAM, dated February 28, 2008, and describes the implementation of the program for granting unclassified foreign national access to Department of Energy (DOE) sites, information, and technologies. It assigns responsibility and accountability and provides administrative guidance to the Oak Ridge Office (ORO) and its contractors. Nothing in this Chapter changes any requirements contained in any DOE Directive.
2. CANCELLATION. None.
3. APPLICABILITY. The provisions of this Chapter apply to all ORO Federal staff and its contractors. Although the Contractor Requirements Document (CRD) attached to DOE O 142.3, Change 1, is applicable to contractors to the extent as provided by law and/or contract as implemented by the appropriate Contracting Officer, additional requirements intended for contractors are imposed in the CRD to this Chapter.
4. RESPONSIBILITIES.
  - a. Manager, ORO.
    - (1) Establish and maintain an Unclassified Foreign Visits and Assignments Program (UFVA) that conforms to the requirements of DOE O 142.3, Change 1.
    - (2) Designate the Division of Primary Interest (DPI) for program management of the UFVA program. For ORO, the Office of Security and Emergency Management is the designated DPI.
    - (3) Approve/disapprove foreign national access requests for facilities, information, equipment, or technologies in accordance with DOE O 142.3, Change 1.
    - (4) Delegate to appropriate staff members who are U.S. citizens the authority to approve visits and assignment of foreign nationals to the facilities, information, equipment, and technology under ORO's purview.
  - b. Division of Primary Interest, Office of Security and Emergency Management.
    - (1) Designate a point of contact for UFV program management.

- (2) Implement an UFV Program that conforms to the requirements of DOE O 142.3, Change 1.
  - (3) Serve as the principal staff for coordinating and tracking all federally sponsored/hosted foreign national guests.
- c. Director, Procurement and Contracts Division, ORO.
- (1) Ensure the CRD of this Chapter and DOE O 142.3, Change 1, are included in all site/facilities management contracts that contain DOE Acquisition Regulation (DEAR) clause 952.204-2, "*Security Requirements.*"
  - (2) Review non-site/non-facility management contracts and if appropriate, ensure the requirements of the CRD of this Chapter are included in the affected contracts.
- d. Principal Staff, ORO.
- (1) Establish the need for federally sponsored/hosted unclassified foreign visits or assignments for their organization.
  - (2) Ensure staff compliance with the requirements of DOE O 142.3, Change 1, for both onsite and offsite foreign national visits and assignments.
  - (3) Approve/disapprove foreign national requests for access in accordance with authority delegated in writing by the Manager, ORO.
  - (4) Ensure that any security incident or violation of procedures involving foreign nationals is reported to the DPI in accordance with DOE M 470.4-1, Change 1, Section N, "Incidents of Security Concern."
- e. Federal Employees.
- (1) Contact the DPI to process all foreign national interactions in order to comply with the requirements of DOE O 142.3, Change 1, regarding sponsoring/hosting a foreign national for access to facilities, information, equipment, or technologies. This applies to meetings onsite or offsite except those declared open to the public by the approving authority consistent with of DOE O 142.3, Change 1, requirements.
  - (2) For individuals with a security clearance, notify the DPI in writing as required by DOE M 470.4-5, PERSONNEL SECURITY, of business related associations with foreign owned interests and/or foreign nationals.
- f. Oak Ridge Office of Intelligence and Counterintelligence.
- (1) Review all requests for foreign national access approval, including visits involving information releasable to the public. Ensure indices checks and/or consultations with approving authorities occur as required.

- (2) Conduct briefings and debriefings of hosts, sponsors, escorts, and approving authorities of foreign visitors and assignees as required by of DOE O 142.3, Change 1, and DOE O 475.1, COUNTERINTELLIGENCE PROGRAM.
5. REQUIREMENTS AND PROCEDURES. See DOE O 142.3, Change 1, UNCLASSIFIED FOREIGN VISITS AND ASSIGNMENTS PROGRAM, dated February 28, 2008.
  - a. Complete the UNCLASSIFIED FOREIGN VISIT/ASSIGNMENT REQUEST INFORMATION form (see Attachment 2, DOE O 142.3, Change 1) and submit to the DPI. The DPI should receive the request at least 45 calendar days in advance of a sensitive subject, country, or facility foreign visit or assignment and 30 calendar days for nonsensitive.
  - b. Foreign national guest involving countries considered state sponsors of terrorism require four to six months in advance of the visit or assignment to obtain the necessary local and Headquarters (HQ) approvals. These require local and DOE HQ reviews prior to submittal to the Secretary of Energy for approval.
  - c. Ensure only U.S. citizens sponsor, host, and escort foreign nationals or approve access.
  - d. Ensure hosts and escorts are briefed by counterintelligence before and after all foreign national interactions.
  - e. Initiate foreign national interaction authorization only for those foreign nationals with appropriate Visa, Passport, and other U.S. Citizenship and Immigration Services documentation. Visual document verification is required before access is granted.
6. REFERENCES.
  - a. DOE Acquisition Regulation (DEAR) clause 952.204-2, “*Security Requirements.*”
  - b. DOE O 475.1, COUNTERINTELLIGENCE PROGRAM, dated December 10, 2004.
  - c. DOE M 470.4-5, PERSONNEL SECURITY, dated August 26, 2005.
  - d. DOE M 470.4-1, Change 1, SAFEGUARDS AND SECURITY PROGRAM PLANNING AND MANAGEMENT, Section N, “Incidents of Security Concern,” dated August 26, 2005.
  - e. DOE O 142.3, Change 1, UNCLASSIFIED FOREIGN VISITS AND ASSIGNMENTS PROGRAM, Section 6, “References.”
7. DEFINITIONS. See Attachment 3 of DOE O 142.3, Change 1, UNCLASSIFIED FOREIGN VISITS AND ASSIGNMENTS PROGRAM DEFINITIONS, for a glossary of terms used in the UFVA Program.
8. CONTRACTOR REQUIREMENTS DOCUMENT. See Attachment 1, Contractor Requirements Document.

9. ATTACHMENTS.

- a. Attachment 1 – Contractor Requirements Document.
- b. Attachment 2 – Unclassified Foreign Visit/Assignment Request Information for Requesting Foreign National Access Approval.

## **CONTRACTOR REQUIREMENTS DOCUMENT**

Department of Energy (DOE) contractors identified in Paragraph 3 of this Chapter will accomplish the following in addition to the requirements of DOE O 142.3, Change 1, UNCLASSIFIED FOREIGN VISITS AND ASSIGNMENTS PROGRAM, Attachment 2, Contractor Requirements Document, to the extent set forth in their contract.

1. Coordinate policy interpretations, procedure deviations, and program modifications with the Office of Security and Emergency Management (OSEM).
2. Immediately notify the OSEM of external agency contacts and/or inquiries relative to foreign national access authorizations, special inquiries, and notifications of inspections, audits, and assessments.
3. Cooperate fully and promptly with the OSEM during inquiries, audits, investigations, and inspections.

**UNCLASSIFIED FOREIGN VISIT/ASSIGNMENT REQUEST INFORMATION (Long Format)**

<b>Name of Visitor/Assignee</b>	
*First Name: _____ *Middle: _____ *Last: _____	
<b>Form Determination Information</b>	
*Facility to be visited: _____ Is this an off-site meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Select the Security Area Type at the Facility (choose highest area type in case multiple areas are to be visited): <input type="checkbox"/> Non-Security Area <input type="checkbox"/> Property Protection Area <input type="checkbox"/> Limited Area <input type="checkbox"/> Exclusion Area <input type="checkbox"/> MAA <input type="checkbox"/> Protected Area <input type="checkbox"/> SCIF	
*Country of Employer: _____	
*Will sensitive subjects be discussed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Is this an IAP-66 (DS-2019) assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Does the Host have a clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Type of Request (check one): <input type="checkbox"/> Visit <input type="checkbox"/> Assignment <input type="checkbox"/> Extension of an Assignment <input type="checkbox"/> High Level Protocol Visit	
<b>Biographical Information</b>	
*Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male    Is Visitor currently in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Permanent Resident Alien: <input type="checkbox"/> Yes <input type="checkbox"/> No    Green Card exp. date (mm/dd/yyyy): _____ S.S.#: _____	
*Country of Citizenship: _____ *Date of Birth (mm/dd/yyyy): _____	
*Country of Birth: _____ *City of Birth: _____	
Aliases (optional): _____	
<b>Employer Information</b>	
Affiliation or Company Info:	
*Institution or Company Name: _____ Phone Number: _____	
Street (1): _____ Fax Number: _____	
Street (2): _____ E-mail Address: _____	
City: _____ State: _____	
Zip Code: _____ *Country of Employer: _____	
*Title or Position and Duties: _____	
<b>Visa Information</b>	
<b>Passport Information</b>	
Visa Number: _____	Passport Number: _____
Visa Type: _____	Country of Issue: _____
Exp. Date (mm/dd/yyyy) _____	Exp. Date (mm/dd/yyyy): _____
<b>Place of Work (if different from Employer)</b>	
Company Name: _____ Phone Number: _____	
Street (1): _____ Fax Number: _____	
Street (2): _____ E-mail Address: _____	
City: _____ State: _____	
Zip Code: _____ Country of Employer: _____	
Title or Position and Duties: _____	
Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No    Business Type conducted by Employer: _____	
Educational Background: _____	
Field of Research: _____	
Accompanying Family Information: _____	
Additional Biographical Information:	
<i>Current U.S. Address:</i>	
Street (1): _____	City: _____
Street (2): _____	State: _____
	Zip Code: _____
<i>Permanent Address:</i>	
Street (1): _____	City: _____
Street (2): _____	State: _____
	Zip Code: _____
<b>Remarks:</b> _____	
_____	

**UNCLASSIFIED FOREIGN VISIT/ASSIGNMENT REQUEST INFORMATION (Long Format)**

Name of Visitor/Assignee	
*First Name: _____ *Middle: _____ *Last: _____	
Form Determination Information	
*Facility to be visited: _____ Is this an off-site meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Select the Security Area Type at the Facility (choose highest area type in case multiple areas are to be visited): <input type="checkbox"/> Non-Security Area <input type="checkbox"/> Property Protection Area <input type="checkbox"/> Limited Area <input type="checkbox"/> Exclusion Area <input type="checkbox"/> MAA <input type="checkbox"/> Protected Area <input type="checkbox"/> SCIF	
*Country of Employer: _____	
*Will sensitive subjects be discussed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Is this an IAP-66 (DS-2019) assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Does the Host have a clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Type of Request (check one): <input type="checkbox"/> Visit <input type="checkbox"/> Assignment <input type="checkbox"/> Extension of an Assignment <input type="checkbox"/> High Level Protocol Visit	
Biographical Information	
*Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male    Is Visitor currently in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Permanent Resident Alien: <input type="checkbox"/> Yes <input type="checkbox"/> No    Green Card exp. date (mm/dd/yyyy): _____ S.S.#: _____	
*Country of Citizenship: _____ *Date of Birth (mm/dd/yyyy): _____	
*Country of Birth: _____ *City of Birth: _____	
Aliases (optional): _____	
Employer Information	
Affiliation or Company Info:	
*Institution or Company Name: _____ Phone Number: _____	
Street (1): _____ Fax Number: _____	
Street (2): _____ E-mail Address: _____	
City: _____ State: _____	
Zip Code: _____ *Country of Employer: _____	
*Title or Position and Duties: _____	
Visa Information	Passport Information
Visa Number: _____	Passport Number: _____
Visa Type: _____	Country of Issue: _____
Exp. Date (mm/dd/yyyy) _____	Exp. Date (mm/dd/yyyy): _____
Place of Work (if different from Employer)	
Company Name: _____	
Street (1): _____ Phone Number: _____	
Street (2): _____ Fax Number: _____	
City: _____ E-mail Address: _____	
Zip Code: _____ State: _____	
Title or Position and Duties: _____ Country of Employer: _____	
Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No    Business Type conducted by Employer: _____	
Educational Background: _____	
Field of Research: _____	
Accompanying Family Information: _____	
Additional Biographical Information:	
<i>Current U.S. Address:</i> _____ City: _____	
Street (1): _____ State: _____	
Street (2): _____ Zip Code: _____	
<i>Permanent Address:</i> _____ City: _____	
Street (1): _____ State: _____	
Street (2): _____ Zip Code: _____	
<b>Remarks:</b> _____	
_____	