U.S. DEPARTMENT of ENERGY

CUI//PRVCY
When filled in

REQUEST FOR VISITOR ACCESS APPROVAL

DOE F 473.6 (09/11/2025)
Previous Editions Obsolete
OMB Control Number: 1910-1800
Expiration Date: 12/31/2027

PAPERWORK REDUCTION ACT (PRA) BURDEN DISCLOSURE

Public reporting burden for this collection of information is estimated to average 2.5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. The collection of this information is mandatory to protect national security and other critical assets entrusted to the Department. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Environment, Health, Safety and Security, U.S. Department of Energy, 1000 Independence Avenue, S.W., Washington, D.C. 20585; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-1800), Washington, DC 20503.

PRIVACY ACT STATEMENT

Sections 2165 and 2201(I) of title 42 of the United States Code provides authorization for the collection of information by the U.S. Department of Energy (DOE) to regulate the possession and use of special nuclear material and access to restricted data. The information may also be provided to other agencies of the United States government for investigations that involve protection of national security, public health and safety, or the environment. Submission of the information requested on this form is voluntary, but failure to provide the information may result in denial. If DOE uses the information for purposes other than those indicated in this statement, it will provide notice of those additional purposes to people who have submitted information on this form.

Instructions

NOTE: This form is preformatted as Controlled Unclassified Information (CUI) upon completion. The individual filling out this form is responsible for ensuring no classified or Unclassified Controlled Nuclear Information (UCNI) is included or attached.

Section 1: Complete all fields without using acronyms.

Section 2: Complete all fields. Identify facilities without using acronyms.

Section 3: Complete all fields. Additional entries may be placed on page 3.

a. POB – Place of Birth: Provide city and state, or city and country of birth for those born outside the United States.

b. Clearance Information:
   1) Type: Select the subject's current clearance type.
   2) Number: Enter the clearance number assigned in the system of record, if applicable.
   3) BI – Background Investigation: Select the most recently adjudicated type of BI.
   4) Date Granted: Enter the date of the most recently granted clearance.
   5) CE – Continuous Evaluation: Is the Subject currently enrolled in the CE program?

c. Notes: Use this optional space to identify additional information (e.g., CE enrolled date, open BI, pending adjudication).

d. Security Official Verifying Clearance: The security representative authorized to verify the clearance information for each individual listed in Section 3.

Section 4:

a. DOE/OGA Certification – This section is required for all DOE and non-DOD (those not listed in DOD Instruction 5210.02) certifying officials. This person is the representative authorized to verify the need for access required by each individual listed in Section 3.

b. DOD Certification – This section is required for DOD certifying officials listed in DOD Instruction 5210.02, (Access to and Dissemination of Restricted Data and Formerly Restricted Data, Enclosure 4). This person is the representative authorized to verify the need for access required by each individual listed in Section 3. This certifying official also verifies the individuals' access to Critical Nuclear Weapons Design Information (CNWDI), if applicable.

Section 1: Requestor Information

1. To: *(agency/company)*	2. Date:
3. From: *(agency/company)*	
4. Prepared By: *(name and title)*	5. Program Office/Symbol: *(if applicable)*

6. Telephone Number:	7. Email Address:	8. Fax Number:

Section 508 Compliant

CUI Controlled By: U.S. Department of Energy, Office of Security Policy, security.directives@hq.doe.gov

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Section 2: Visit Information

1. Visit Purpose:	2. Facility(ies) to be Visited:
3. Visit Date(s): From: To:	4. To Confer with the following Person(s): *(name, phone, and/or email)*

5. Access Requested: Select one | Level: Select one | Other Access: (if needed)

Section 3: Visitor Information *(additional entries may be added to page 3)*

Name *(Last, First, MI)* **SSN**	**US Citizen**	**DOB** *(mm/dd/yyyy)*	**POB** *(city, state/country)*	**Clearance Information**				
				Type	**Number** *(if applicable)*	**BI**	**Date Granted**	**CE**
	Select one			Select one		Select one		Select one
Notes: *(if applicable)*								
	Select one			Select one		Select one		Select one
Notes: *(if applicable)*								
	Select one			Select one		Select one		Select one
Notes: *(if applicable)*								
	Select one			Select one		Select one		Select one
Notes: *(if applicable)*								

Security Official Verifying Clearance Information: *(name, title)*	Signature:	Date:

Section 4: Certifications

DOE or Other Government Agency (OGA) Need for Access Verification

This certifies that the person(s) named in Section 3 need access in the performance of their duty.

Name and Title of Authorized DOE or OGA Official:

Signature:

Department of Defense (DoD) Clearance

This certifies that the person(s) named in Section 3 need access in the performance of their duty.

For RD access, is the person(s) identified in Section 3 authorized for access to Critical Nuclear Weapon Design Information (CNWDI) as defined in DOD Instruction 5210.02?

◯ Yes ◯ No

Name and Title of Authorizing DOD Official:
(See DOD Instruction 5210.02)

Signature:

Section 508 Compliant

REQUEST FOR VISITOR ACCESS APPROVAL

Visitor Information Continuation

1. Visit Purpose:

2. Facility(ies) to be Visited:

3. Visit Date(s):
From: To:

4. To Confer with the following Person(s): *(name, phone, and/or email)*

5. Access Requested: Select one

Level: Select one

Other Access: (if needed)

Name *(Last, First, MI)* **SSN**	**US Citizen**	**DOB** *(mm/dd/yyyy)*	**POB** *(city, state/country)*	**Clearance Information**				
				Type	**Number** *(if applicable)*	**BI**	**Date Granted**	**CE**
	Select one			Select one		Select one		Select one
Notes: *(if applicable)*								
	Select one			Select one		Select one		Select one
Notes: *(if applicable)*								
	Select one			Select one		Select one		Select one
Notes: *(if applicable)*								
	Select one			Select one		Select one		Select one
Notes: *(if applicable)*								
	Select one			Select one		Select one		Select one
Notes: *(if applicable)*								
	Select one			Select one		Select one		Select one
Notes: *(if applicable)*								
	Select one			Select one		Select one		Select one
Notes: *(if applicable)*								
	Select one			Select one		Select one		Select one
Notes: *(if applicable)*								
	Select one			Select one		Select one		Select one
Notes: *(if applicable)*								