**NR Program Security Department Visit Request (DOE F 5631.20) Instructions**

In order to gain access to BPMI/FMP sites, non BPMI/FMP employees must process a Security Department (SD) Standard Visit Request Form (DOE F 5631.20). The following outlines the steps necessary for completion and submittal of a visit request for non BPMI/FMP employees who possess a U.S. Department of Energy (DOE) or U.S. Department of Defense (DOD) security clearance.

The DOE F 5631.20 must be properly completed and signed by the appropriate personnel from the visitor’s organization. The visit request must disclose full clearance information of the visiting personnel and specify that the visiting personnel do not possess an interim security clearance. The purpose of the visit request is not to authorize a visit, but to notify the visiting Security Office of the pending visit by non BPMI/FMP employees. The visitor must contact the person(s) he/she intends to visit and discuss the need and purpose of the visit prior to submitting the visit request.

Per the DOE Atomic Energy Act, interim security clearances are not recognized as a final clearance determination by the DOE and do not authorize individuals to be granted access to classified Naval Reactors (NR) Program information nor NR Program sites as a cleared visitor. An individual with an interim security clearance requesting site access will be handled in the same manner as an individual without a security clearance.

1. Complete the DOE F 5631.20 following the guidelines below:

* **To:** the name and address of the location being visited
* **From:** the name and address of the location submitting the form
* **Date**, **Prepared by** (submitter’s name), **Symbol** (submitter’s facility code or cage code), **Telephone number** (submitter’s office)
* **Last name, First name, Middle initial**, **SSN**, **Place of Birth**, **U.S. Citizen** (Y or N), **Alien** (Y or N), **Date of Birth**, **Organization** (Company name of visitor)
* **Type Clearance** (e.g. DOD-C, DOD-S, DOD-TS, DOE-L, DOE-Q), **Interim Clearance** (Y or N), **Clearance Number** (DOE clearances only), **Date of Clearance** (e.g. grant, continued, actual, etc.)
* *\*ENTER – “And no others” in the name column below the last entry, if applicable.*
* **Name of Facility(ies) to be visited:** the name of the location being visited
* **Inclusive dates:** do not enter a period of more than 364 days
* **DOE Security Official:** enterN/A if non DOE
* **For the Purpose of:** enter a generic purpose; *\*It is important to ensure the information included on the form does not create a classified or NOFORN document.*
* **To Confer with the following person(s):** the visitor’s point of contact
* **Specific information…:** “information associated with the above purpose”
* **Access Requested to Restricted Data or Other Classified Info:** (Place an X in the box next to the appropriate classification category)
* **Prior arrangements have been…:** describe (e.g. per email, per telephone, etc.)
* **Name and Title Requesting DOD Official:** enter thename and title of the individual requesting that the visit request be processed; typically the visitor’s supervisor or security official (N/A if submitter’s office is DOE)
* **Title, Authorizing DOD Official:** enter the name and title of the individual verifying the clearance information (N/A if submitter’s office is DOE)
* **Signature:** signature of the DOD security official verifying the clearance information (N/A if submitter’s office is DOE)
* **Title**: enter thename and title of the individual requesting that the visit request be processed; typically the visitor’s supervisor or security official (N/A if submitter’s office is DOD)
* **Requesting DOE official:** signature of the DOE official requesting that the visit request be processed (N/A if submitter’s office is DOD)

1. The submitting security office may fax or email the completed DOE F 5631.20 to the visiting sites security office.

**For all NNL sites (BPMI-P and BPMI-S excluded) please send email to:** [**NNLIncomingVisits@unnpp.gov**](mailto:NNLIncomingVisits@unnpp.gov)

**Fax numbers: \*\*BPMI-P – 412-829-8885, BPMI-S – 518-243-5443, Bettis Pittsburgh – 412-476-5687,**

**KAPL – 518-395-7358, KSO – 518-395-7358, NRF – 208-533-8792.**

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| DOE F 5631.20  (07-90)  (formerly DP-277)  EFG (07-90)  *BPMI/FMP modification (Incoming)*  *09/2022* | | | **U.S. Department of Energy**  **Request for Visit or Access Approval**  (Not to be used for temporary or permanent personnel assignments)  **PART "A"** | | | | | | | | | | | | | | | |  | | | |  | | | | OMB Control No.  1910-1800 | | | |
|  | | |  | | | | | | | | | | | | | | | |  | | | | Burden Disclosure Statement  on reverse of part 5 | | | | | | | |
| To: |  | | | | | | | | | Date | |  | | | | | | | | | | | | | | | | | | |
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|  |  | | | | | | | | | Telephone No.-Commercial: | | | | | | | |  | | | | | | | | | | | | |
| It is requested that the following person(s) be granted visit/access approval: | | | | | | | | | | | | | | | | | FTS: | | | | N/A | | | | | | | | | |
| **Last Name, First Name, Middle Initial, Social Security Number, Place of Birth(City/State)** | | | | **U.S.**  **Citizen**  **(Y/N)** | | **Alien**  **(Y/N)** | **Date of**  **Birth** | **Organization** | | | | | | **Type**  **Clearance** | | | | | | **Interim**  **Clearance (Y/N)** | | | | **Clearance**  **Number** | | | | **Date of**  **Clearance** | | |
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| Name of Facility(ies) to be visited: | | | | | | | | For the inclusive dates: | | | | | | | | | | | | | | DOE Security Official  Verifying DOE Clearance | | | | | | | | |
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| For the purpose of: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To confer with the following person(s): | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specific information to which access is requested: | | | | | | | | | | | | | | | Access is requested to: | | | | | | | | | | | | | | | |
| Information associated with the above purpose | | | | | | | | | | | | | | | Restricted Data: | | | | | | | | | | Yes | | | | No | |
|  | | | | | | | | | | | | | | | Other classified info: | | | | | | | | | | Yes | | | | No | |
| Prior arrangements have been made as follows: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Certification for Personnel Having DOD Clearance**  This certifies that the person(s) named above needs this access in the performance of duty and that permitting the above access will not endanger the common defense and security. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | Authorized access to Critical Nuclear Weapon Design Information (CNWDI) in Accordance with DOD Directive 5210.2 | | | | | | | | | | | | | | | | | Yes | | | | No |
| Name and Title, Requesting DOD Official | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | |  |
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| Title, Authorizing DOD Official  (See DOD Directive 5210.2 and 5210.8) | | | | | | | | | Signature  (see AR 380-150; OPNAV 5510.3F; AFR 205-1) | | | | | | | | | | | | | | | | | | | | | |
| **Certification for Personnel Having DOE Clearance**  This certifies that the person(s) named above needs this access in the performance of duty. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Title | | | | | | | | | Requesting DOE or Other Government Agencies | | | | | | | | | | | | | | | | | | | | | |
| **PART "B"** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Approval is granted with limitations indicated below: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | Manager of Operations/or Headquarters Division Director | | | | | | | | | | | | | | | | | | | |
| **SEE REVERSE OF PART 5 FOR PRIVACY ACT INFORMATION STATEMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Initiating Organization** | **Visit Destination** | **Dates of Visit** |
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| **NAME**  **SOCIAL SECURITY, PLACE OF BIRTH** | **U.S.**  **CITIZEN** | **Alien**  **(Y/N)** | **DATE OF**  **BIRTH** | **ORGANIZATION** | **TYPE OF**  **CLEARANCE** | **CLEARANCE**  **NO.** | **DATE OF**  **CLEARANCE** |
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| **Certification for Personnel Having DOE/DOD Clearance**  This certifies that the person(s) named above needs this access in the performance of duty. | |
|  |  |
| Title | Manager |
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| Title | Security Manager |
| **Approval for Access**  This certifies that the person(s) named above has/have a Security Clearance and may be granted access. | |
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| Naval Reactors Representative |
| **SEE LAST PAGE FOR PRIVACY ACT INFORMATION STATEMENT** | |

**ATTACHMENT VISIT REQUEST DATE:**       **- CONTINUATION INCLUDES** [     **PAGE(S)**

| **NAME**  **SOCIAL SECURITY, PLACE OF BIRTH** | **U.S.**  **CITIZEN** | **Alien**  **(Y/N)** | **DATE OF**  **BIRTH** | **ORGANIZATION** | **TYPE OF**  **CLEARANCE** | **CLEARANCE**  **NO.** | **DATE OF**  **CLEARANCE** |
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| Naval Reactors Representative |
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| **NAME**  **SOCIAL SECURITY, PLACE OF BIRTH** | **U.S.**  **CITIZEN** | **Alien**  **(Y/N)** | **DATE OF**  **BIRTH** | **ORGANIZATION** | **TYPE OF**  **CLEARANCE** | **CLEARANCE**  **NO.** | **DATE OF**  **CLEARANCE** |
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| Naval Reactors Representative |
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DOE F 5631.20

(07-90)

(Formerly DP-277)

EFG (07-90)

*BPMI/FMP modification (Incoming)*

*03/2014*

**PRIVACY ACT INFORMATION STATEMENT**

Collection of the information requested is authorized by Section 145 of the Atomic Energy Act of 1954, as amended (PL 83-703, 42 USC 2165). Compliance with this request is voluntary; however, if the information submitted is inadequate or incomplete, approval for your visit to a classified DOE facility, or your access to classified information may be delayed or withheld. The information you furnished will be used by DOE and DOE contractors to control access to classified information and areas.

The social security number is not required for these purposes, but you may voluntarily furnish it to assist us in correct identification.

**BURDEN DISCLOSURE STATEMENT**

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. Send comments regarding this burden estimate of any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Information Resources Management Policy, Plans, and Oversight, AD-241.2 - GTN, Paperwork Reduction Project (1910-1800), U.S. Department of Energy, 1000 Independence Avenue, S.W., Washington, DC 20585; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-1800), Washington, DC 20503.

**DOE P.O.-7675 (REVERSE)**