Information needed from non-US citizens visiting Argonne:

Please e-mail to "rnb6@anl.gov" or FAX to 1-630-252-6210

1. Full Name (Last name, First Name, Middle Name):

2. Gender (M/F):

3. Place of Birth (city, country):

4. Date of Birth (month/day/year):

5. Country of Citizenship (note any Dual Citizenship also):

6. Passport Number (This is required information):

7. Country of Issue:

8. Expiration Date of Passport (month/day/year):

9. Type of Visa, the Number, and Expiration Date (This is required information):

   If you have a Visa Waiver or do not have a Visa, another form of identification is required (for example, a driver's license number with expiration date or government ID). Please indicate what type of identification you are providing.

10. Legal Permanent Resident (LPR) "Green Card" (yes/no):

    If yes, LPR Number and Expiration Date:

11. Name & Address of Current Employer:

12. Work Phone Number: E-Mail: FAX Number:

13. Purpose for the Visit: Dates of Visit (month/day/year) to (month/day/year):

14. Your title, position or description of duties: