



# JEFFERSON LAB REGISTRATION\*

Complete all **non-shaded** fields as applicable, obtain proper authorization signatures, and return to the JLab Registration/International Services Office, VARC, Building 28 Reception Desk or fax to 757-269-7003. All non U.S. citizens must submit valid passport/visa and immigration documents, and all U.S. citizens must submit a current government-issued, pictured ID with this form. Providing false statements in connection with this form may result in debarment from the Lab.

**ALL APPLICANTS**

**Name: Last: (family)** \_\_\_\_\_ **First: (given)** \_\_\_\_\_ **Middle:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Citizenship:** \_\_\_\_\_ **Country of Birth:** \_\_\_\_\_  
**SSN or Passport#:** \_\_\_\_\_ **Visa Type:** \_\_\_\_\_ **Expiration Date: (Visa)** \_\_\_\_\_  
 (DS 2019/I-20) \_\_\_\_\_ **Visa Sponsor:** \_\_\_\_\_ (please submit a copy of Visa with this form)

**Institution/Employer:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

Staff/Joint Appt.	User / Bridge Appt.	Student /Teacher (Education Program)	Subcontractor/Contract Staff
DOE	SURA	ARC University	ARC Commercial Visitor

**Staff/Joint Appointment**  
 Assigned Org \_\_\_\_\_ Supervisor \_\_\_\_\_

**User/Bridge Appointment**

**Primary Affiliation:** Hall A Hall B Hall C Hall D Theory FEL Accelerator

**Affiliated Research Experiment(s) :** \_\_\_\_\_

**Sponsor:** \_\_\_\_\_ **Org:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Local**  
**Address:** \_\_\_\_\_

**Emergency Contacts: (2)**  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have Medical Insurance?  yes  no If yes, Provider's name: \_\_\_\_\_

\*Jefferson Laboratory recognizes and respects the importance of maintaining the privacy of our visitors, users, subcontractors, students, teachers, and employees. The information collected from this form is used solely for Laboratory access registration purposes and is maintained in a secure computer database.

Does your health care insurance provide coverage while visiting JLab?  yes  no  
If not, would you like to purchase health insurance through JLab?  yes  no

Gender:  Male  Female

Ethnic Code:\*\*

- A (Asian, includes Pakistani, Indian)
- H (Hispanic)
- N (American Indian/Alaskan Native)
- B (Black, not of Hispanic origin)
- W (White- includes Arab)

\*\*Under its contract with the Dept. of Energy, Jefferson Lab must report annually on JLab-related contributions to the education and training of the future scientific and technical work force for the nation, with an emphasis on meaningful research experiences in the areas of physics and engineering. We must also take special note of our efforts at increasing the opportunities for under represented populations to pursue scientific and technical careers. The Lab's performance in these areas is carefully monitored by the Dept. of Energy. **FOR REPORTING PURPOSES ONLY.**

**STUDENTS**

Degree expected: \_\_\_\_\_ Date degree expected/received: \_\_\_\_\_

Bachelor's  \_\_\_\_\_  
 Master's  \_\_\_\_\_ JLab related?  yes  no  
 Doctoral  \_\_\_\_\_ JLab related?  yes  no

JLab Contact Person: \_\_\_\_\_ Advisors:(1) \_\_\_\_\_  
(2) \_\_\_\_\_

Ph.D Thesis topic or description of research/technical activities: \_\_\_\_\_  
\_\_\_\_\_

Local Address: \_\_\_\_\_  
\_\_\_\_\_

**STUDENT/TEACHER (Education Program)**

School Name \_\_\_\_\_ Program: Summer Program Governor's School HUGS  
 School Address \_\_\_\_\_  
 School Phone Number \_\_\_\_\_

**SUBCONTRACTORS**

Subcontract No./Project Name: \_\_\_\_\_ Completion Date: \_\_\_\_\_

JLab Subcontract SOTR: \_\_\_\_\_ SOTR Org: \_\_\_\_\_

**ARC**

University or Company \_\_\_\_\_  
 ARC Room: \_\_\_\_\_ Office Phone No.: \_\_\_\_\_ Office E-Mail: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Indicate if there is an end date: \_\_\_\_\_

**DOE**

Bldg/Room: \_\_\_\_\_ Office Phone No.: \_\_\_\_\_ Office E-Mail: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Indicate if there is an end date: \_\_\_\_\_

**SURA**

Office Location: \_\_\_\_\_ Office Phone No.: \_\_\_\_\_ Office E-Mail: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Indicate if there is an end date: \_\_\_\_\_

**VISITORS**

BADGE # \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Local  
Address: \_\_\_\_\_  
\_\_\_\_\_

**APPLICANT SIGNATURE**

By signing below, I confirm all information is correct and that I have read and understand the enclosed Jefferson Lab Standards of Conduct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**JLAB SPONSOR/SOTR SIGN-OFF:** Name: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Division: \_\_\_\_\_

JLAB Phone: \_\_\_\_\_ Room #: \_\_\_\_\_ Date: \_\_\_\_\_

State specific activities of APPLICANT while on-site: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved Access Areas for This Individual:	Day	Weekend/Evening	Other
Campus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Accelerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Arc Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Specific Training Requirements for This Individual: \_\_\_\_\_  
\_\_\_\_\_