

NN TS PROFILE FORM

**TRAVEL MANUAL
January 29, 2003**

ATTACHMENT E-11

The following information will be used to build a "Traveler Profile" for you in the Office of Nuclear Nonproliferation Travel System (TIS). This system is the basis for the submission of Country Clearance Cables (CCC). The CCC is a requirement for ALL foreign travel - sensitive and non-sensitive, and must be submitted at least 45 days prior to scheduled travel date. No foreign travel will be approved without a CCC approval.

Nuclear Nonproliferation Travel System Profile (NN TS PROFILE FORM)

REQUIRED INFORMATION	INFORMATION EXPLANATIONS/EXAMPLE	TO BE COMPLETED BY TRAVELER (PLEASE USE UPPERCASE)
FIRST NAME	Enter first name	
MIDDLE NAME	Enter full middle name (Use NMN for no middle name)	
LAST NAME	Enter last name	
AFFILIATION	Enter – OAK RIDGE INSTITUTE FOR SCIENCE AND EDUCATION, SITE CODE, OU	
JOB TITLE	Enter title of function	
DATE OF BIRTH	This will be entered in MM/DD/YYYY format, example - 08/04/1956.	
GENDER	Enter male or female	
PLACE OF BIRTH	Enter the city, state, and country	
PASSPORT NUMBER	Enter the information as it is shown on the actual passport	
PASSPORT ISSUE DATE	This will be entered in MM/DD/YYYY format. Note that many non-American passports will use a European (i.e. DD/MM/YYYY) format. Please use the American format.	
PASSPORT EXPIRATION DATE	This will be entered in MM/DD/YYYY format. As above, many non-American passports will use a European (I.e., DD/MM/YYYY) format. Please use the American format. NOTE: Generally U. S. passports are issued for 10 years with the expiration day one less than the issue day (e.g. issued on February 15 but expires on February 14). Russian international passports are generally issued for five years and expire on the same day as issued.	
PASSPORT ISSUE PLACE	Enter place passport was issued, city, state, and country (if not USA).	

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REQUIRED INFORMATION	INFORMATION EXPLANATIONS/EXAMPLE	TO BE COMPLETED BY TRAVELER (PLEASE USE UPPERCASE)
SOCIAL SECURITY NUMBER (SSN)	Enter the Social Security Number. This field is private and will be treated as such.	
LEVEL OF CLEARANCE	Generally a Q-clearance is coded as TOP SECRET; Lclearance is coded as SECRET.	
EMPLOYEE NUMBER	This would be an employee or badge number. If no such number exists, please enter "NA."	
WORK ADDRESS	Enter a correct mailing address for the traveler including zip code. Building numbers and mail stops may be appropriate to enter.	
WORK PHONE	Enter area code followed by the phone number.	
WORK FAX	Enter area code followed by the fax number.	
HOME PHONE	Enter area code followed by phone number.	
PAGER	Enter area code followed by pager number.	
E-MAIL ADDRESS	Enter e-mail address for traveler.	
HOME ADDRESS	Enter a correct home mailing address for the traveler including zip code.	
CITIZENSHIP	Indicate the country where citizenship is held. If the traveler possesses dual citizenship, enter the primary country of residence.	
SCANNED COPY OF PASSPORT	Provide a black and white, clear copy of the traveler's passport. This will be used by the Embassy to grant access for letters of invitation.	
MEDICAL INFORMATION	Indicate any existing medical conditions, prescriptions, etc. that would be important in case of an emergency. This information should be printed or carried by the traveler.	
EDITOR	In case you cannot be reached to verify information please list a contact person with phone number. Please contact Rosie Brown, 865-576-3027 or Brownr@ornl.gov to make any changes or updates to the information listed.	

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Further detailed input is requested. Checking the "EMAIL - YES" will enable the system to notify the NN TIS point of contact and then the traveler prior to expiration regarding the respective information. Be sure to enter the complete e-mail address of anyone who should receive information. A semi-colon can separate the different mail addresses.

PASSPORT INFORMATION:		
Expiration Date:		
E-Mail:		
PRE-TRAVEL SECURITY BRIEFING:		
Expiration Date:		
E-Mail:		
MULTI-ENTRY VISA INFORMATION:		
Country:		
Date(s):	From:	To:
E-Mail:		
Country:		
Date(s):	From:	To:
E-Mail:		
Country:		
Date(s):	From:	To:
E-Mail:		
Country:		
Date(s):	From:	To:
E-Mail:		
E-Mail Address: brownr@ornl.gov		