



**UAS TAAC 2017
Visit Authorization Form**

Board of Regents of New Mexico State University
Physical Science Laboratory
P.O. Box 30002
Las Cruces, NM 88003-8002
Attn: Chris J. Scott - (575) 646-9495; Email: fso@psl.nmsu.edu FAX: (575) 646-9516
Dates of Visit: December 4-7, 2017
Purpose of visit: Attend the 2017 UAS TAAC
Point of Contact: Kurt Sorensen
Place to be Visited: UAS 2017 TAAC – Albuquerque, NM

Visitor Information

Full Name: _____
Social Security Number: _____
Place of Birth City: _____
Place of Birth State: _____
Date of Birth: _____
Citizenship: _____
Clearance Level: _____
Clearance Date: _____
Investigation Date: _____
Email: _____
Phone: _____
UAS 2017 TAAC Registration Confirmation Number: _____ ** (This number must be provided or VAL is Invalid)

Company Information

Company/Agency Name: _____
Cage Code: _____ (Only if a Defense Contractor Company)
Address: _____
Address Cont. _____
City: _____
State: _____
Zip Code: _____
Organization Type: _____ (e.g. Contractor, Military, Government, Other)

I do hereby certify that the above listed personnel security clearance information is true and is valid as of the dates and consider this visit to be in the national interest.

Security Officer Information

Title: _____ (Title of Security Officer must contain the word "Security")
Sign Here: _____
Print Name: _____
Phone: _____
Email: _____