VISITOR REQUEST FORM

NIOWAVE, INC
1012 North Walnut Street
Lansing, MI 48906
Phone: (517) 999-3475
Fax: (517) 999-3626
www.niowaveinc.com

FROM (name & complete address of requestor)	DATE OF REQUEST

REQUESTED ARRIVAL DATE (DD/MM/YYYY)	DEPARTURE DATE (DD/MM/YYYY)

PURPOSE OF VISIT (If visit relates to a specific contract, please indicate contract number)

*Note: Non-US Persons will be required to complete an additional form, and will NOT be allowed access to secure areas.

NAME, RANK, TITLE OR POSITION (Include SSN if requesting classified access)	DATE AND PLACE OF BIRTH	NATIONALITY	LEVEL OF SECURITY CLEARANCE*
		○ US Citizen ○ US Permanent Resident ○ Non-US Person*	
		○ US Citizen ○ US Permanent Resident ○ Non-US Person*	
		○ US Citizen ○ US Permanent Resident ○ Non-US Person*	
		○ US Citizen ○ US Permanent Resident ○ Non-US Person*	
		○ US Citizen ○ US Permanent Resident ○ Non-US Person*	
		○ US Citizen ○ US Permanent Resident ○ Non-US Person*	

NAME, RANK AND TITLE OF OFFICIAL **REQUESTING** VISIT AND CLEARANCE	NIOWAVE AUTHORIZING SIGNATURE / DATE
	Jerry Hollister ___/___/___