



VISITOR REQUEST FORM

NIOWAVE, INC

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

| | |
|-----------|-----------------|
| REQUESTOR | DATE OF REQUEST |
|-----------|-----------------|

| | |
|-------------------------------------|-----------------------------|
| REQUESTED ARRIVAL DATE (MM/DD/YYYY) | DEPARTURE DATE (MM/DD/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* |
|--|-------------------------|---|------------------------------|
| | | <input checked="" type="radio"/> US Citizen <input type="radio"/> US Permanent Resident <input type="radio"/> Non-US Person* | |
| | | <input type="radio"/> US Citizen <input type="radio"/> US Permanent Resident <input type="radio"/> Non-US Person* | |
| | | <input checked="" type="radio"/> US Citizen <input checked="" type="radio"/> US Permanent Resident <input type="radio"/> Non-US Person* | |
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| | | <input type="radio"/> US Citizen <input type="radio"/> US Permanent Resident <input type="radio"/> Non-US Person* | |

NIOWAVE AUTHORIZING SIGNATURE / DATE

Michael Zamara / /