



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 <small>(Include SSN if requesting classified access)</small> | 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* | |

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|---|--|
| NAME, RANK AND TITLE OF OFFICIAL REQUESTING VISIT AND CLEARANCE | NIOWAVE AUTHORIZING SIGNATURE / DATE Michael Zamiaira <u> </u> / <u> </u> / <u> </u> |
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