

Certification of Conditions and Responsibilities for Departmental Sponsors of Foreign National Guests

I understand and acknowledge that I have been designated as the Departmental Sponsor (DS) for

_____, a Foreign National Guest. I understand that I am responsible for taking all reasonable steps for ensuring that the conduct and activities of this Foreign National Guest are appropriate for the Federal workplace and comply with this Order and other applicable security directives. I further understand, acknowledge, and certify that I shall comply with the following conditions and responsibilities including providing timely, complete and accurate information to the Office of Security.

1. I will promptly notify the servicing security office if there is any change to the arrival or departure date of my Foreign National Guest.

2. I will ensure my Foreign National Guest meets with the servicing security office within three days of arrival to receive and sign the Certificate of Conditions and Responsibilities for the Foreign National Guest program. In the event the servicing security office is not located within my facility, I will provide the required briefing and ensure the certification is signed and forwarded to the servicing security office within three days of the Guest's arrival.

3. My Foreign National Guest's normal work area will be _____. I will take all reasonable steps to ensure that my Guest will not have unauthorized physical, visual, or virtual access to classified, Sensitive But Unclassified (SBU), and otherwise controlled, proprietary, or not-for-public release data, information, or technology. This specifically includes but is not limited to access to technology on the Commerce Control List, sensitive economic data, and trade policies or practices not approved for public release unless properly authorized by appropriate Departmental officials and, when necessary, licensed by the Bureau of Industry and Security or any other U.S. Government agency with appropriate jurisdiction.

4. I will only provide my Foreign National Guest with access to information or technology necessary to the successful completion of the visit in accordance with the Guest Researcher Agreement/Memorandum of Understanding, Intergovernmental Personnel Act, or other applicable document governing the terms of the visit.

5. I will take all reasonable steps to ensure that my Foreign National Guest does not use personal communication, photographic, recording, or other electronic devices in those areas of Departmental facilities where classified, SBU, or otherwise controlled, proprietary, or not-for-public release data, information, or technology is present without explicit authorization and unless adequate protective measures are in place to protect against collection of the same.

****Logical Access – (#3“Normal Work Area”) type, “logical/remote access to NOAA’s RDHPCS and specify the location from which the FN needs logical access – i.e. “logical access from xxxxx”****

6. I will inform my Foreign National Guest that he/she shall not use his/her tenure with DOC or his/her DOC photo identification badge to arrange or sponsor visits by other individuals to DOC or other U.S. Government and /or privately owned facilities. Any requests for visits must be approved and arranged by me.

7. I will inform my Foreign National Guest that he/she must, upon request, consent to a security check and complete and sign the paperwork necessary to conduct the check. I will further inform my Guest that his/her failure to consent to a security check or to complete and sign the necessary paperwork will result in termination of his/her access to DOC facilities.

8. I will report any suspicious activities or anomalies involving my Foreign National Guest to the servicing security office.

9. I have read, understand, and shall comply with all applicable security regulations of the Foreign National Guest Program.

(Typed Name)

(Signature)

(Title)

(Date)

(Bureau and Telephone Number)

(Address)

Endorsement by the Senior Administrative Official

Concur/Nonconcur with the request of the Departmental Sponsor.

Name/Title

Date