NN 9327 (Rev 16) For more information on background check requirements and visiting Newport News Shipbuilding, visit <https://supplier.huntingtoningalls.com/sourcing/AccessNNS.html>

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| VISITING COMPANY INFORMATION |
| 1. Name of Company/Contractor or Agency: |       |
| 2. Company Street Address: |       | **3. City:** |       | **4. State:** |       | **5. Zip Code:** |       |
| 6. Company POC Name: |       | **7. Phone:** |       | **8. Email:** |       |
| VISITING COMPANY CERTIFICATION |
| By signing this request I certify that the individual(s) listed below are employees in good standing with the company identified above. I further certify that all information contained on this form, and on any attachments hereto, is accurate. I understand that failure to immediately disclose any known adverse information involving these individuals will result in expulsion. |
| 9. Name of Officer of Visiting Company: |       | **10. Job Title:** |       |
| 11. Signature Officer of Visiting Company: |  | **12. Date Signed:** |  |
| VISIT DETAILS |
| 13. Supporting Contract / Purchase Order #: |       | **14.** [**Start Date**](#StartDate)**:** |       | **15.** [**End Date**](#EndDate)**:** |       |
| 16. [Purpose of Visit](#VisitPurpose): |       |
| 17. Locations to be Visited: |        |
| NNS SPONSOR APPROVAL INFORMATION |
|       |       |       | Select Sponsor Affiliation. |       |
| 18. [Sponsor Name](#SponsorName) | **19. Phone**  | **20.** [**PERN #**](#SponsorPERNR) | **21.** [**Affiliation**](#Affiliation) | **22. NNS Dept (if applicable)** |
| 23. Sponsor Approval Signature: |  | **24. Date Signed:** |  |
| Sponsor approval required before entry may be made into VMS. Proof of background investigation completion for each visitor must be attached to this form and will need to be presented, along with [proof of citizenship](#ProofofCitizenship" \o "All first time visitors must provide proof of identity and citizenship (Copies or images on electronic devices are not accepted)) and identity, at the Access Center prior to badging. This form must be retained by the VMS user making entry for a period of 4 years from the date of visit and is subject to audit by department O15. |

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| *Visitor Information* #1 |       |       |   | 28a. SSN [ ]  OR Passport (Foreign National) [ ]  |
| **28b. Provide corresponding identity document #:** |       |
| 29. Choose Citizenship Status | **25. Last Name** | **26. First Name** | **27. MI** | **30. Clearance Level Required:** | Select Clearance Required  |
| 31. Phone: |       | **32. Email:** |       | **33.** [**Background Check Status:**](#BackgroundCheck) | Select Background Check Status |
| 34. Address: |       | **35. City:** |       | **36. State:** |       | **37. Zip Code:** |       |
| 38. Birth Date: |       | **39. Birth City:** |       | **40. Birth State:** |       | **41. Birth Country:** |       |
| *Visitor Information* #2 |       |       |   | **28a. SSN** [ ]  **OR Passport (Foreign National)** [ ]  |
| **28b. Provide corresponding identity document #:** |       |
| 29. Choose Citizenship Status | **25. Last Name** | **26. First Name** | **27. MI** | **30. Clearance Level Required:** | Select Clearance Required  |
| 31. Phone: |       | **32. Email:** |       | **33.** [**Background Check Status:**](#BackgroundCheck) | Select Background Check Status |
| 34. Address: |       | **35. City:** |       | **36. State:** |       | **37. Zip Code:** |       |
| 38. Birth Date: |       | **39. Birth City:** |       | **40. Birth State:** |       | **41. Birth Country:** |       |
| *Visitor Information* #3 |       |       |   | **28a. SSN** [ ]  **OR Passport (Foreign National)** [ ]  |
| **28b. Provide corresponding identity document #:** |       |
| 29. Choose Citizenship Status | **25. Last Name** | **26. First Name** | **27. MI** | **30. Clearance Level Required:** | Select Clearance Required  |
| 31. Phone: |       | **32. Email:** |       | **33.** [**Background Check Status:**](#BackgroundCheck) | Select Background Check Status |
| 34. Address: |       | **35. City:** |       | **36. State:** |       | **37. Zip Code:** |       |
| 38. Birth Date: |       | **39. Birth City:** |       | **40. Birth State:** |       | **41. Birth Country:** |       |

**\* This form must be filled out electronically using the “.docx” file format in order to access the drop down fields and make proper selections for fields 21, 29, 30, and 33.
\* If adverse information is found in the background check by HI’s preferred provider, prior approval must be obtained in writing from the NNS O15 Security Department.**