

**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 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 Field 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 Field Servicing Security Office within three days of arrival to receive and sign the Certificate of Conditions and Responsibilities for a Foreign National Guest. In the event the Field 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 Field Servicing Security Office within three days of the Guest's arrival.
3. My Foreign National Guest's normal work spaces will be (Include Bureau, Office/Lab/Division, Facility, Floor/Room Number, City, State _____). I will take all reasonable steps to ensure that my Guest will not have unauthorized physical, visual, or virtual access to classified, Controlled Unclassified Information (CUI), or 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, CUI, 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.
6. I will inform my Foreign National Guest that he/she is not authorized 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 coordinated and approved by me.

7. I will inform my Foreign National Guest that he/she must, upon request, consent to a background investigation and complete and sign the necessary paperwork to conduct the check. I will further inform my Guest that his/her failure to consent to a background investigation 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 Field Servicing Security Office.

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

(Printed Name)

(Signature/Date)

(Title/Bureau, Office, Division and Telephone Number)

Departmental Sponsor Supervisor Endorsement

I concur/non-concur with the request of the Departmental Sponsor.

(Printed Name)

(Signature/Date)

(Title/Bureau, Office, Division and Telephone Number)

Senior Bureau Official Endorsement

Consistent with the requirements of the Foreign Access Management Program, I concur/non-concur with the request of the Departmental Sponsor.

(Printed Name)

(Signature/Date)

(Title/Bureau, Office, Division and Telephone Number)