

**Certification of Conditions and Responsibilities  
for a Foreign National Guest**

I understand and acknowledge that I have been approved for access as a Guest of the Department of Commerce's \_\_\_\_\_

(insert bureau, operating unit or office)

to engage in collaborative activity concerning \_\_\_\_\_

(insert specific program description or name)

at \_\_\_\_\_. I further understand, acknowledge, and certify that

(insert facility name and location).

I shall comply with the following conditions and responsibilities:

1. The overall purpose of my visit is to participate in a collaborative activity with Departmental staff or to provide expertise to the Department of Commerce. I shall have no access to information or technology except as required to successfully complete my visit in accordance with my Guest Researcher Agreement/Memorandum of Understanding, Intergovernmental Personnel Act, or other applicable document governing the terms of my visit as determined by my Departmental Sponsor, \_\_\_\_\_.  

(insert name)
2. I understand I will not be afforded unauthorized physical, visual, or logical access to classified, Controlled Unclassified Information (CUI), or otherwise controlled, proprietary, or not-for-public release data, information, or technology. I understand that explicit written authorization and, when necessary, licensing by the Bureau of Industry and Security or other U.S. Government agencies is required for such access. This certification does not relieve me of obligations to comply with any and all requirements of any license that the Bureau of Industry and Security, or any other U.S. Government agency, may issue to authorize my access to certain items, information, or technology.
3. I shall perform only functions directly related to my Guest Researcher Agreement/Memorandum of Understanding, Intergovernmental Personnel Act, or other applicable document governing the terms of my visit and shall not act in any other capacity on behalf of my government or any other entity during the period of my visit.
4. I shall not use personal communication, photographic, recording, or other electronic devices in Departmental facilities, except in areas open to the general public, without explicit authorization from my Departmental Sponsor. I understand that such devices include but are not limited to cell phones/smart phones, still or video cameras, laptops, pagers, Personal Data Assistants, etc.
5. All unpublished information or controlled technology or source code to which I may have access pursuant to a license or other written authorization during this assignment is the property of the U.S. Government and shall not be further released or disclosed by me to any other person, firm, organization or government without proper U.S. Government authorization.
6. I shall immediately report to my Departmental Sponsor and the Office of Security all attempts from individuals without a need to know to obtain classified, CUI, or otherwise controlled, proprietary, or not-for-public release data, information, or technology.

7. I understand I am not authorized to arrange or sponsor visits by other individuals to DOC facilities. If my duties make it necessary for me to make visits to other U.S. Government and/or privately owned facilities, the visits must be arranged and coordinated by my Departmental Sponsor.

8. I understand that I will have access to \_\_\_\_\_  
(insert designated areas)  
of \_\_\_\_\_ during normal working hours as determined by my  
(insert building name(s) and number(s))  
Departmental Sponsor. I understand that access to Departmental facilities during secure hours is not authorized unless permitted by my Departmental Sponsor in accordance with DOC security requirements.

9. Upon request, I will consent to a security check and complete and sign the necessary paperwork to conduct the check. I understand that my failure to consent to a background investigation or to complete and sign the necessary paperwork will result in termination of my access to DOC facilities.

10. I have been briefed on, understand, and shall comply with all applicable security regulations of the Foreign Access Management Program.

11. I understand that violation of these terms may result in dismissal or other appropriate action.

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature/Date)

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