



Personal Information Form Reliability for Access for FOREIGN VISITORS

PART A – TO BE COMPLETED BY VISITOR	
Surname	Full given names (no initials)
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (YYYY – MM – DD)
Country of Origin including address	Address while in Canada
Phone Number () -	Email
Name of originating institution (Company, University, etc.):	Name and title of responsible manager at institution of origin:
PART B – DECLARATION (VISITOR)	
I the undersigned understand and agree with all the information above and that all the documents submitted with this application are authentic.	
_____	_____
Visitor's Signature	YYYY – MM – DD
PART C – TO BE COMPLETED BY PROGRAM MANAGER	
Name of DFO facility or vessel visited	Name of DFO Program
DFO manager responsible for program	Phone number () -
Date of Visit From : _____ To : _____ YYYY – MM – DD YYYY – MM – DD	Purpose of Visit
Will the visitor be using/transporting radioisotopes during visit on DFO facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please contact the DFO National Radiation Safety Officer (613) 990-3587	Will the visitor require access to DFO Corporate Networks during visit on DFO facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please contact the DFO Corporate IT Security Coordinator (613) 993-8318
PART D – REQUIRED DOCUMENTATION	
<ul style="list-style-type: none"> • Letter of good conduct from national police authorities • Visa (Copy) – if applicable • Passport (Copy) • Letter of reference from sponsoring institution (Company, University, etc.) 	
PART E – DECLARATION (PROGRAM MANAGER)	
I the undersigned, understand and agree with all the information above and that all the documents submitted with this application are authentic to the best of my knowledge.	
_____	_____
Program Manager's Signature	YYYY – MM – DD
Office Address: 200 Kent Street Ottawa, ON, K1A 0E6	Facsimile