

**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 \_\_\_\_\_.

(insert facility name and location)

I further understand, acknowledge, and certify that 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 virtual access to classified, Sensitive But Unclassified (SBU), and 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 will 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 'blackberries,' cell phones/camera 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 All unpublished information or controlled technology or source code to which I may have access pursuant to a license or other written authorization during this assignment is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 will immediately report to my Departmental Sponsor and the Office of Security all attempts from individuals without a need to know to obtain classified, SBU, and otherwise controlled, proprietary, or not-for-public release data, information, or technology.

7. I understand I am not authorized to approve visits by other individuals to DOC facilities and will not use my assignment with DOC or my DOC photo-identification badge to arrange any visits. If my duties make it necessary for me to make visits to other U.S. Government and/or privately owned facilities, the visits will be arranged and coordinated by my Departmental Sponsor.

8. I understand that I will have unescorted access to \_\_\_\_\_  
(insert designated areas)  
of \_\_\_\_\_ during normal working hours as determined by my  
(insert building name(s) and number(s))  
Departmental Sponsor. Access during other hours or to other parts of Departmental facilities must be approved by my Departmental Sponsor and shall be in compliance with DOC escort requirements.

9. Upon request, I will consent to a security check and complete and sign the paperwork necessary to conduct the check. I understand that my failure to consent to a security check 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 National Guest Program.

\_\_\_\_\_  
(Typed Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Bureau and Telephone Number)

\_\_\_\_\_  
(Address)