

NN9327

SPECIAL INSTRUCTIONS

PLEASE DUPLEX – ONLY ONE PAGE FRONT

AND BACK

WITH ORIGINAL SIGNATURES ACCEPTED.

SCROLL DOWN TO ACCESS THE FORM.

SPECIAL INSTRUCTIONS

Visit requests must be submitted from and certified by the Seller/Contractor having a valid purchase order, contract, or other direct business relationship in place with NGSB. Visit requests for sub-contractors should be processed as follows:

1. Form NN 9327 – Purpose of visit section should indicate that persons listed on the request are sub-contractors of _____(company, seller or contractor with which we have a direct relationship).
2. Form NN 9327 - Comments section should identify the name of the company that the persons listed on the request should be badged under.
3. VMS Entry – Company ID section should be that of the company the person being badged actually works for.
4. VMS Entry – Visit Purpose section should indicate that persons listed on the request are sub-contractors of _____(company, seller or contractor with which we have a direct relationship).
5. VMS Entry - Comments section should identify the name of the company that the person should be badged under.

**SHIPBUILDING - NEWPORT NEWS
NON-EMPLOYEE ACCESS BADGE REQUEST**

NN 9327 (REV 5)

| | | | | | |
|---|--------------|---|--------------------------|------------------|--------------------------|
| Name of Company or Agency Requesting Access: | | | | | |
| Address: | | | | | |
| City: | | State: | | Zip Code: | |
| Contact: | | Phone: | () - | | |
| NGSB Sponsor: | | Dept. #: | | Phone: | |
| Date of Request: | | Contract or Purchase Order Number: | | | |
| Requested Dates of Visit: | From: | | To: | | |
| Building Access Requested: | | Yard Wide | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Specific Buildings / Locations: | | | | | |
| Purpose of Visit: | | | | | |
| Comments: | | | | | |

| | | | |
|--|------------|---|---|
| Visitor's Full Name | | Citizenship | Document(s) Used To Verify Citizenship |
| | | | |
| Background Investigation On File | SSN | Date of Birth State of Birth | E-Verify Program Screened |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

Clearance Information

If clearance information is required for this visit this form must be faxed directly to the NGSB-NN Clearance Office at (757) 688-0043.

| | | | |
|---|-------------|--------------|----------------------|
| Computer Equipment Information If Applicable | Make | Model | Serial Number |
| | | | |

If more than one visitor is being submitted on this form check here and enter information on additional visitors on reverse side of this form.

Visit requests must be submitted directly from and certified by the Company or Agency having a valid purchase order, contract, or other direct business relationship in place with NGSB. Visit requests will not be accepted from lower tier subcontractors.

By signing this request I certify that I understand the Northrop Grumman Shipbuilding – Newport News background investigation and citizenship verification requirements and that the request(s) contained herein are in accordance with those requirements. I further certify that there is no adverse conduct known to our company, relevant to this/these individual(s), which has not been disclosed to the NGSB Security Department in writing.

| | | | |
|---|--|---------------|--|
| Printed Name (Officer of Company or Agency Requesting Access): | | Title: | |
| | | | |

| | | | |
|--|--|--------------|--|
| Signature (Officer of Company or Agency Requesting Access): | | Date: | |
| | | | |

This form must be retained by the VOMM user making entry for a period of 4 years from the date of visit and is subject to audit by O15.

| | | | | |
|------------------------------------|--------------|------------------------------|-------------|-------------------|
| Date Visit Entered Into VMS | Print | VMS User Making Entry | Sign | Department |
| | | | | |

| | | | |
|---|-------------|---|---|
| Visitor's Full Name | | Citizenship | Document(s) Used To Verify Citizenship |
| | | | |
| Background Investigation On File | SSN | Date of Birth State of Birth | E-Verify Program Screened |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Clearance Information | | | |
| If clearance information is required for this visit this form must be faxed directly to the NGSB-NN Clearance Office at (757) 688-0043. | | | |
| Computer Equipment Information If Applicable | Make | Model | Serial Number |
| | | | |
| Visitor's Full Name | | Citizenship | Document(s) Used To Verify Citizenship |
| | | | |
| Background Investigation On File | SSN | Date of Birth State of Birth | E-Verify Program Screened |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
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| Computer Equipment Information If Applicable | Make | Model | Serial Number |
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| Visitor's Full Name | | Citizenship | Document(s) Used To Verify Citizenship |
| | | | |
| Background Investigation On File | SSN | Date of Birth State of Birth | E-Verify Program Screened |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
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| Background Investigation On File | SSN | Date of Birth State of Birth | E-Verify Program Screened |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
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| Visitor's Full Name | | Citizenship | Document(s) Used To Verify Citizenship |
| | | | |
| Background Investigation On File | SSN | Date of Birth State of Birth | E-Verify Program Screened |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
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