



Foreign National Screening Form

State Agency

Which agency are you requesting to visit (If for more than one, list all):

Delegate Information

Name (First Middle Last): _____

Aliases: _____ Gender: Male Female

Date of Birth (MM/DD/YYYY): _____ Country of Birth: _____

City and Country of Current Residence: _____

Passport Country of Issue: _____ Passport: _____

Expiration Date (MM/DD/YYYY): _____

Purpose of Visit: _____

Have you visited the United States before? If so, when? _____

Delegate Employment Information

Current Employer: _____

Type of Organization or Business: _____

Specify Organization Level: Federal State Local NGO
 Other (specify) _____

Email Address: _____ Phone Number: _____

Proposed Topics Please provide a description of topics you are interested in learning about.

1. _____
2. _____
3. _____

Questions Please provide a list of questions you would like addressed.

1. _____
2. _____
3. _____

Email this form to Travelsecurity@caloes.ca.gov along with a copy of the delegate's passport.

Privacy Statement: The information on this form will be used by Cal OES and, when necessary, other government agencies to determine any risk to personnel, facilities, information, systems, and programs in California. CalOES will take reasonable technical and organizational precautions to safeguard your personal information.