

Form MHI-SEC-003.1 Instructions

ColumnA	Social Security Number (SSN). Visitor applicant must enter his/her SSN.
ColumnB	Full Last Name
ColumnC	Full First Name
ColumnD	Middle initial only. (Do not use periods of NMN)
ColumnE	Visitor applicant must enter his/her birth City/State. If place of birth is a foreign country please list accordingly
ColumnF	Date of Birth. Visitor applicant must enter his/her date of birth (MM/DD/YYYY).
ColumnG	Citizenship? Select whether the visitor is a US citizen or not.
ColumnH	Clearance Level Requested. Visitor should indicate what level of DOD clearance is requested to perform work while on site.
ColumnI	Date security clearance of visitor was assigned.
ColumnJ	Full name of vessel visiting
ColumnK	Beginning and end dates of visit
ColumnL	Your company name
ColumnM	E-verify Program Screened? Visitor Applicant must select yes or no (See <u>"E-Verify Program Screening"</u>)