

SECRET

CTAC CAO Technical Assistance Contractor

FAX Cover Sheet

101 W. Mermod
Carlsbad, NM 88220
Telephone (505) 234-3208
FAX (505) 234-3195

Date June 24, 1997 Time _____ a.m./p.m.

No. of Pages (incl. this cover sheet) 2

From Marlin Horseman

Subject Security Form

If transmission is incomplete or illegible, please call sender at the phone number listed above

PLEASE DELIVER THE FOLLOWING PAGES TO:

Name Steve Zappe

FAX Number (505) 827-1544

Company/Location _____

Comments

Please return form to Marlin Horseman at fax (505) 234-3195

TRANSMITTED FROM FAX (505) 234-3195

970621



State of New Mexico
ENVIRONMENT DEPARTMENT
Hazardous & Radioactive Materials Bureau
2044-A Galisteo Street (87505)
P.O. Box 26110
Santa Fe, New Mexico 87502

Phone (505) 827-1561
Fax (505) 827-1544

FAX COVER SHEET

Date: June 25, 1997
To: Marlin Horseman
Company: CTAC
Telephone: 505/234-3208
Fax: 505/234-3195

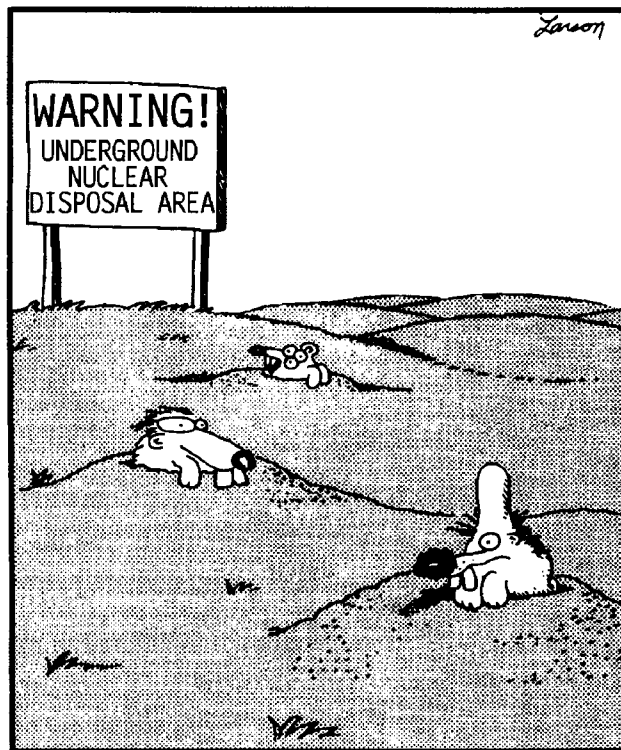
From: Steve Zappe *SZ*

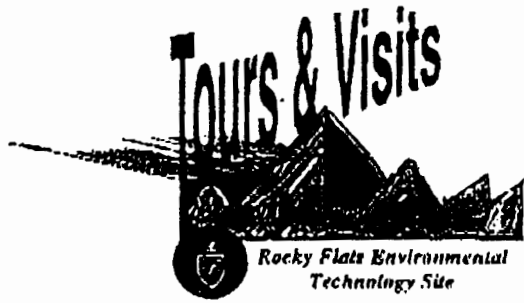
Number of Pages (including this cover sheet): 4

COMMENTS

Marlin -

Here are the security forms as you requested.





OFFICIAL VISITOR INFORMATION FORM

TOURS & VISITS OFFICE
(303)966-4546/4254/8254/5881
(303)966-4255/6633 FAX

PICTURE IDENTIFICATION REQUIRED UPON BADGING

PLEASE TYPE OR PRINT LEGIBLY

FULL NAME:

Orvil
Steven Zappe

BUSINESS NAME:

New Mexico Environment Department

BUSINESS ADDRESS:

P.O. Box 26110, Santa Fe NM 87502-6110

BUSINESS PHONE:

505/827-1561

FAX:

505/827-1544

SOCIAL SECURITY #:

567-94-0339

DATE OF BIRTH:

1/5/53

CITIZENSHIP:

US



OTHER:

CLEARANCE LEVEL:
(CIRCLE ONE)

NONE

DOE "BAO"

DOE "L"

DOE "Q"

HOST:

DOE/CAO

COMPANY:

EXT:

DATE(S) OF VISIT:

7/14 - 7/18

ARRIVAL TIME/DEPARTURE TIME:

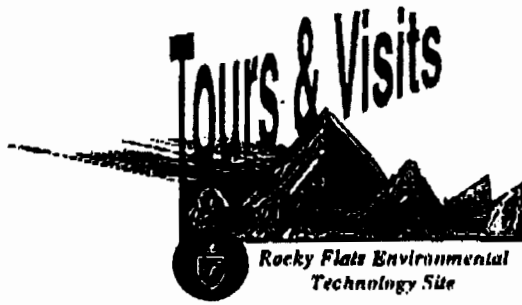
8 AM - 4 PM daily

PURPOSE OF VISIT:

CAO Waste Characterization Audit

SITE ACCESS (LIST ALL AREAS TO BE VISITED):

FOR MORE THAN ONE VISITOR, COPY THIS FORM OR ATTACH A LIST WITH
ALL PERTINENT INFORMATION



OFFICIAL VISITOR INFORMATION FORM

TOURS & VISITS OFFICE
(303)966-4546/4254/8254/5881
(303)966-4255/6633 FAX

PICTURE IDENTIFICATION REQUIRED UPON BADGING

PLEASE TYPE OR PRINT LEGIBLY

FULL NAME: Eric Ames

BUSINESS NAME: New Mexico Environment Department

BUSINESS ADDRESS: P.O. Box 26110, Santa Fe, NM 87502

BUSINESS PHONE: 505/827-2982 FAX: 505/827-1682

SOCIAL SECURITY #: 027-38-4754 DATE OF BIRTH: 3/17/62

CITIZENSHIP: US OTHER: _____

CLEARANCE LEVEL: (CIRCLE ONE) NONE DOE "BAO" DOE "L" DOE "Q"

HOST: DOE / CAO COMPANY: _____ EXT.: _____

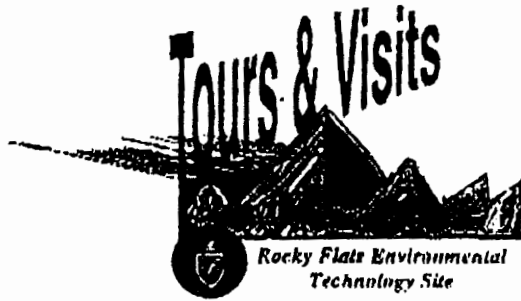
DATE(S) OF VISIT: 7/14 - 7/18

ARRIVAL TIME/DEPARTURE TIME: 8 AM - 4 PM daily

PURPOSE OF VISIT: CAO Waste Characterization Audit

SITE ACCESS (LIST ALL AREAS TO BE VISITED): _____

FOR MORE THAN ONE VISITOR, COPY THIS FORM OR ATTACH A LIST WITH ALL PERTINENT INFORMATION



OFFICIAL VISITOR INFORMATION FORM

TOURS & VISITS OFFICE
(303)966-4546/4254/8254/5881
(303)966-4255/6633 FAX

PICTURE IDENTIFICATION REQUIRED UPON BADGING

PLEASE TYPE OR PRINT LEGIBLY

FULL NAME: TIMOTHY ZEE MICHAEL

BUSINESS NAME: NEW MEXICO ENVIRONMENT DEPT
DOE OVERSIGHT BUREAU

BUSINESS ADDRESS: P.O. BOX 26110
SANTA FE, NM 87502

BUSINESS PHONE: (505) 827-1536 FAX: (505) 827-1545

SOCIAL SECURITY #: 587-24-0589 DATE OF BIRTH: 9/21/49

CITIZENSHIP: US OTHER: _____

CLEARANCE LEVEL: NONE DOE "BAO" DOE "L" DOE "Q"
(CIRCLE ONE)

HOST: DOE CAO COMPANY: _____ EXT.: _____

DATE(S) OF VISIT: JULY 14 - 18

ARRIVAL TIME/DEPARTURE TIME: 8:00 AM 7/19 - 4:00 PM 7/18

PURPOSE OF VISIT: PARTICIPATE AS OBSERVER TO

RFETS CHARACTERIZATION AND CERTIFICATION AUDIT

SITE ACCESS (LIST ALL AREAS TO BE VISITED): _____

FOR MORE THAN ONE VISITOR, COPY THIS FORM OR ATTACH A LIST WITH
ALL PERTINENT INFORMATION