NOAA Endorsement Supplement (ESF)
for the Line Office (LO)/Staff Office (SO) Department Sponsor/NOAA (DSN) (revised 04/11/13)

Instructions: **MUST BE TYPED**

*This form must accompany NAO 207-12, Appendix B, "Certification of Conditions and Responsibilities for Departmental Sponsors of Foreign National Guest" (same as DAO 207-12, Attachment 2)

***Part A and C** must be completed for **all requests**. **Part B** needs to be completed *only* if the LO/SO has not completed controlled technology (CT) assessments at all facilities. (Only the CTC completes Part B, if necessary)

*If the foreign national will access a NOAA vessel, the Marine Operations Center (MOC), a NOAA aircraft, or the Aircraft Operations Center (AOC), the DSN must contact the MOC or the AOC for reporting requirements.

*The DSN sends these forms directly to the LO/SO Controlled Technology Coordinator (CTC) or Designated Official.

Part A. (Please complete Sections 1-6)

1. Is this a RENEWAL request? ☐ Yes ☐ No

2. Home Country

3. Dates of Visit (Maximum one year; renew if necessary) mm/dd/yyyy

4. Non-NOAA Affiliation

5. Title

6. ***Justification:*** *Please describe the collaboration and contributions by the Foreign National (FN) Guest (named below). Include specific detail regarding the FN's affiliations (contract/organization/government/education), qualifications, expertise, scope of work, and how this work will further NOAA's mission. (NO ACRONYMS, including NOAA offices - unless it has been spelled out once in the justification.) Should you require additional space for the justification, you may attach* ***one*** *additional page.*

I certify that the benefits gained from hosting _____ have been balanced with the need to
(Insert/Type Name of Foreign National Guest)
protect sensitive assets at NOAA and will further NOAA's mission. I signed the Appendix B, "Certification of Conditions and Responsibilities for Departmental Sponsors of Foreign National Guests," and I accept the risk involved with sponsoring foreign nationals to federal facilities. I will take all reasonable steps to ensure that my Guest will not have unauthorized physical, visual, or virtual access to classified, Sensitive But Unclassified (SBU), export controlled, proprietary, or not-for-public-release data, information, or technology.

(Print Name & Signature of DSN) | Date | Facility Name (spell out - NO Acronyms)

Optional Additional Point of Contact for this request (**e-mail address only**)

Part B. (**Only required for LO/SOs that have *not* completed CT assessments at all facilities**). A controlled technology inventory and Access Control Plan is in place at the site(s), identified on Appendix B, to be accessed by the foreign national guest. I have advised the DSN of access control measures to prevent the release of controlled technology.

(Printed Name & Signature of CTC) | Date

Part C. I concur that the value of collaboration and contributions gained by providing access to NOAA facilities, staff and information to the above named foreign national has been balanced with the need to protect classified, SBU, export controlled, or otherwise controlled, proprietary or not-for-public-release data, information, or technology. A controlled technology inventory has been completed and an Access Control Plan, documenting measures to prevent unauthorized release of controlled technology, is in place for the locations to be accessed by the foreign national.

(Printed Name & Signature of CTC or Designated LO/SO Official) | Date | (LO/SO)