



VISITOR INFORMATION FORM

Date(s) of Visit*	to <i>(visit end date cannot exceed 365 days)</i>	Plant(s) to Visit	<input type="checkbox"/> Archer <input type="checkbox"/> INS <input type="checkbox"/> NRD <input type="checkbox"/> NRV <input type="checkbox"/> NTD <input type="checkbox"/> NTR <input type="checkbox"/> Offsite
Host(s) at each Plant visiting*			
Have you ever been employed by NORDAM?*		<input type="checkbox"/> YES <input type="checkbox"/> NO	
State the purpose of your visit*			
<input type="checkbox"/> Business <input type="checkbox"/> Interview <input type="checkbox"/> Personal <input type="checkbox"/> Tour <input type="checkbox"/> Temp/Contractor/Consultant			

Personal Information			
Full Legal Name* <i>(Last, First, Middle)</i>		Country of Birth*	
Citizenship(s)* <i>(List all Countries)</i>		If not a U.S. Citizen, do you have a U.S. Permanent Resident Card?*	<input type="checkbox"/> YES <input type="checkbox"/> NO
Home Address* <u>No P.O. Box</u> <i>(Street Address, City, County/State, Postal/Zip Code, Country)</i>			

Corporate Information			
Employer Name*			
Employer Address* <u>No P.O. Box</u> <i>(Street Address, City, County/State, Postal/Zip Code, Country)</i>			
Employer Website Address*			
Employer Parent Company* <i>(Company Name)</i>			
Is your Employer incorporated in the United States?*	<input type="checkbox"/> YES <input type="checkbox"/> NO	If No, in what Country is your Employer incorporated?*	
If you are visiting NORDAM as a consultant to a Third Party, (i.e. the Third Party is not your direct employer), please identify the name and address of the Third Party in the two fields below.			
Name of the Third Party for Whom you are Consulting* <i>(The Third Party will be considered the Ultimate End User for export control purposes.)</i>			
Third Party Address* <u>No P.O. Box</u> <i>(Street Address, City, County/State, Postal/Zip Code, Country)</i>			

Visitor listed above must read the following and sign below and return completed form to NORDAM Security

In consideration of my admission to a NORDAM facility:

- I have attached a copy of my government-issued photo ID if I am a U.S. Citizen, a copy of my U.S. Permanent Resident Alien card, or a copy of my passport if I am not a U.S. Citizen or Permanent Resident, and agree to present the same photo ID when I arrive at NORDAM;
- I will wear the NORDAM-issued visitor badge at all time in a visible manner;
- I will wear proper attire, personal protective equipment (PPE), and footwear (closed toe, closed heel, low heel) on the production floor as required.
- I will not use a camera, take a picture or take a video at any time in the NORDAM facilities;

If NORDAM does not have an existing non-disclosure agreement with Visitor or Visitor's Employer that is applicable to Visitor's visit to the NORDAM facility(ies), then in consideration of Visitor's admission to NORDAM's facility(ies), Visitor agrees:

- To maintain in confidence and not reproduce or disclose to any persona any information disclosed to Visitor in writing, orally or by Visitor's observation during Visitor's visit ("Information"), except information that Visitor can show is readily available from public sources otherwise than by a breach of this agreement;
- To use information, in whole or in part, solely for the purpose of the visit to the NORDAM facility and not for any purpose that does not benefit NORDAM directly;
- Upon request, to return to NORDAM all Information (including images of the information and all information derived from the Information), and
- To not export, re-export or transship any Information except in accordance with the International Traffic in Arms Regulations ("ITAR"), 22 C.F.R. Part 120 et seq., the Export Administration Regulations ("EAR"), 15 C.F.R. Part 730 et seq., or any other export control laws or regulations of the United States or of any other country, as applicable.

I consent to NORDAM processing the data provided above for the purpose of complying with US, United Kingdom, European Union, Mexico, and Singapore and other applicable export and import laws, regulations and rules.

Print name and title*	Signature*	Date*
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Email completed and signed form with a copy of photo ID to the secure address: Guest@nordam.com

Required fields have red asterisk (*). If the required fields are not appropriately completed, the form will be sent back to you for more information.

**Visitor Pre-Registration
COVID-19 Assessment**



Due to the COVID-19 Pandemic, NORDAM is strengthening its protective measures in order to reduce risk to NORDAM stakeholders and other individuals on its premises. By submitting this form, I am agreeing to follow all requirements during my visit to NORDAM.

- **NORDAM requires a daily temperature screening with a temperature reading of less than 100.4°F in order to gain access to the facilities.**
- **NORDAM requires all visitors to wear a face covering on NORDAM property. You will be issued a mask if you do not have one.**

All visitors at NORDAM facilities are requested to fill-in this form digitally and return completed form to guest@nordam.com. **** Please save the completed form by using your first and last name****

Visitor's Last name and Surname:		Visitor's Organization:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you travelled outside the United States or the state of Oklahoma in the past 14 days for business, vacation or leisure activities?		
Please list all countries, states, cities, and airports you have travelled to in the past 14 days:			
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you had close contact (within 6 feet of a COVID-19 case for more than 15 minutes) with anyone diagnosed with COVID-19 within the last 14 days?		
COVID-19 Symptoms Assessment:			
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have NEW loss of taste or smell? (New onset within 14 days)		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have a cough? (New onset within 14 days)		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have shortness of breath? (New onset within 14 days)		
If you answer "Yes" to ANY of the COVID-19 Symptoms Assessment questions or you have a temperature reading of 100.4°F or greater, please leave the facility immediately and contact your doctor.			

While visiting NORDAM facilities, please keep face masks over your mouth and nose at all times and be mindful of social distancing – within six (6) feet for greater than 15 minutes.

I hereby declare that all information given in this form is true and correct.

(Visitor's signature)

Date

Date of Visit: _____ I confirm that the above information has not changed.

(Visitor's signature / day of visit)

Date