



VISITOR INFORMATION FORM

Date(s) of Visit*	to	(visit end date cannot exceed 365 days)	Plant(s) to Visit	<input type="checkbox"/> NTR	<input type="checkbox"/> INS	<input type="checkbox"/> NTD	<input type="checkbox"/> NRD	<input type="checkbox"/> NEL
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								

Personal Information			
Full Legal Name* <small>(Last, First, Middle)</small>		Country of Birth*	
Citizenship(s)* <small>(List all Countries)</small>		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* No P.O. Box <small>(Street Address, City, County/State, Postal/Zip Code, Country)</small>			

Corporate Information			
Employer Name*			
Employer Address* No P.O. Box <small>(Street Address, City, County/State, Postal/Zip Code, Country)</small>			
Employer Website Address*			
Employer Parent Company* <small>(Company Name)</small>			
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* <small>(The Third Party will be considered the Ultimate End User for export control purposes.)</small>			
Third Party Address* No P.O. Box <small>(Street Address, City, County/State, Postal/Zip Code, Country)</small>			

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:

1. 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;
2. I will wear the NORDAM-issued visitor badge at all time in a visible manner;
3. I will wear proper attire, personal protective equipment (PPE), and footwear (closed toe, closed heel, low heel) on the production floor as required.
4. I will not use a camera, take a picture or take a video at any time in the NORDAM facilities;
5. I have read and understand the Visitor FOD Briefing;

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:

1. To maintain in confidence and not reproduce or disclose to any personal 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;
2. 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;
3. Upon request, to return to NORDAM all Information (including images of the information and all information derived from the Information), and
4. 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.

NORDAM continues to actively monitor CDC recommendations of knowing community level spread within the area. NORDAM will make necessary adjustments to our 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 the protocols in place during my visit to NORDAM.

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****

Please see below on what prevention steps should be taken based upon COVID-19 Community Level Spread:

LOW	<ul style="list-style-type: none"> • <i>No mask required. Be mindful of social distancing while in the facility.</i> • <i>Stay up to date with COVID-19 community spread</i> • <i>Get tested if you have symptoms.</i>
MEDIUM	<ul style="list-style-type: none"> • <i>Observe social distancing guidelines.</i> • <i>Masks required when social distancing cannot be maintained, walking in/out of the facility, and while in common areas.</i> • <i>Stay up to date with COVID-19 community spread</i> • <i>Get tested if you have symptoms.</i>
High	<ul style="list-style-type: none"> • <i>Always wear a mask while indoors within a facility.</i> • <i>Observe social distancing guidelines.</i> • <i>Masks required when social distancing cannot be maintained, walking in/out of the facility, and while in common areas.</i> • <i>Stay up to date with COVID-19 community spread</i> • <i>Additional precautions may be needed for people at high risk for severe illness.</i> • <i>Visitors might be kept at a minimum due to high community spread.</i>

Please visit the CDC website to confirm the greater Tulsa area's community spread level here:
<https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>

If upon your arrival you are exhibiting fever or new onset of symptoms, please be respectful by leaving the facility immediately and notifying your NORDAM Host of your situation.

If you do not feel well or have any undiagnosed symptoms, please leave the facility immediately and contact your doctor.

I hereby declare that I will abide by the provided COVID-19 guidelines.

 (Visitor's signature)

 Date

Date of Visit: _____ I confirm that I do not have a fever or any new onset of symptoms.

 (Visitor's signature / day of visit)

 Date