

**Visitor Entrance Authority**  
NEVADA AUTOMOTIVE TEST CENTER  
A Division of Hodges Transportation, Inc.

Time In: \_\_\_\_\_

Day/Time Out: \_\_\_\_\_

DATE: \_\_\_\_\_  
(DAY) (MONTH) (YEAR)

Print - NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

US Citizen? Yes/No \_\_\_\_\_ Security Clearance: \_\_\_\_\_

Country

Company \_\_\_\_\_ Division/Program Group/Office \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Resident Address: \_\_\_\_\_

Purpose and Length of Visit: \_\_\_\_\_ Contact: \_\_\_\_\_

**NOTICE:** NO cell phones with cameras, cameras or any other photographic equipment, or any devices, including digital watches, that can be used to record, transmit, receive, or play back audio, photographic, text or video content. Any camera phones/cameras/video equipment **MUST** be left at owner's risk at the Main Office reception or in Visitor's vehicle. Unauthorized photographs, film or video recordings may be confiscated or destroyed. Only with expressed prior written permission from an HTI Corporate Officer may Visitor bring such device within HTI's facilities of which HTI reserves the right to approve or deny.

I Carry: Briefcase  Package  Cell Phone (No Camera)  Laptop Computer

**NOTICE:** In the event Visitor carries a laptop and requests to use it while within HTI's facilities, Visitor shall review and agree to HTI's computer use policy.

Visitor must be accompanied by HTI Escort at all times. Visitor Badge must be returned or renewed before expiration date above. Badge must be visible at all times while on facility grounds.

**VISITOR RELEASE**

In consideration for the permission granted to me by Nevada Automotive Test Center, a Division of Hodges Transportation, Inc. to enter upon its premises, observe its test procedures or participate therein, I do hereby release and hold harmless said Hodges Transportation, Inc. and its officers, agents and employees from liability or claim of liability arising by reason of any injury to my person or property occurring while I am on premises owned, or controlled by said Corporation or in or about any vehicle owned, leased or operated by said Corporation or any of its officer, agents or employees. Also in Consideration of such permission, the undersigned agrees not to disclose to others, nor to use any information disclosed to him/her by the Corporation, or derived by him/her during his/her visit, except for any part of such information that is available publicly or from other lawful sources.

Visitor Signature \_\_\_\_\_

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**HTI TO COMPLETE**

HTI Authorization: Camera Phone/Camera (OK) \_\_\_\_\_  
Exec. Signature

**HTI Escort to fill in Below:**

Authorized length of visit From: \_\_\_\_\_ To: \_\_\_\_\_ Badge Issued \_\_\_\_\_

Authorized by: \_\_\_\_\_ Badge Returned \_\_\_\_\_

# Nevada Automotive Test Center

A Division of Hodges Transportation, Inc.

*Real Time,  
Real World  
Solutions™*



P.O. Box 234  
Carson City, Nevada 89702-0234  
Phone: (775) 629-2000  
Fax: (775) 629-2029  
Email: bhodges@natc-ht.com

## INTERNATIONAL VISIT AUTHORIZATION REQUEST

Date \_\_\_\_\_

TO: Jennifer Hodges  
Facility Security Officer  
Hodges Transportation, Inc.  
dba Nevada Automotive Test Center  
P. O. Box 234  
Carson City, Nevada 89702  
Email address [jhodges@natc-ht.com](mailto:jhodges@natc-ht.com)

CC: Main Office: Elvira Torres  
Email address: [etorres@natc-ht.com](mailto:etorres@natc-ht.com)

### REQUESTING FACILITY OR ORGANIZATION

1. NAME: \_\_\_\_\_  
POSTAL ADDRESS: \_\_\_\_\_  
TELEPHONE NUMBER.: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

### INDUSTRIAL FACILITY TO BE VISITED

2. NAME: Hodges Transportation Inc, Nevada Automotive Test Center  
ADDRESS: P. O. Box 234, Carson City, Nevada 89702  
TELEPHONE NUMBER: (775) 629-2000 FAX NUMBER: (775) 629-2029  
POINT OF CONTACT:

3. DATES OF VISIT: \_\_\_\_\_ TO: \_\_\_\_\_

#### 4. TYPE OF VISIT:

- GOVERNMENT SPONSORED                       INITIATED BY REQUESTING AGENCY OR FACILITY  
 COMMERCIAL INITIATIVE                       BY INVITATION OF THE FACILITY TO BE VISITED  
 STATE DEPARTMENT SPONSORED            OTHER (SPECIFY)

CONTRACT NUMBER (IF APPLICABLE): \_\_\_\_\_

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5. SUBJECT TO BE DISCUSSED:

6. ANTICIPATED LEVEL OF INFORMATION TO BE INVOLVED:

7. PARTICULARS OF VISITORS:

NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
SECURITY CLEARANCE: \_\_\_\_\_ ID/PASSPORT NUMBER: \_\_\_\_\_  
VISA NUMBER: \_\_\_\_\_ ISSUING COUNTRY: \_\_\_\_\_  
NATIONALITY: \_\_\_\_\_  
POSITION: \_\_\_\_\_

NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
SECURITY CLEARANCE: \_\_\_\_\_ ID/PP NUMBER: \_\_\_\_\_  
VISA NUMBER: \_\_\_\_\_  
NATIONALITY: \_\_\_\_\_  
POSITION: \_\_\_\_\_

8. REMARKS:

SIGNATURE OF REQUESTOR \_\_\_\_\_

NAME OF REQUESTOR \_\_\_\_\_

POSITION \_\_\_\_\_