



# Bureau of Labor Statistics

## Federal Visiting Researcher Questionnaire

This questionnaire will assist the Bureau of Labor Statistics (BLS) in determining your eligibility to access confidential microdata through the visiting researcher program and in completing the required paperwork if your project is approved. For multiple researchers applying together, but affiliated with different agencies, one questionnaire should be completed for each agency. Thank you for your cooperation.

| 1. Applicant Information                                 |  |  |  |
|--|--|--|--|
| Name:  |  |  |  |
| Title:   |  | Email:   |  |
| Phone:   |  | Fax:   |  |
| Business Mailing Address:                                |  |  |  |
| Employment Status:                                       | <input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee<br><input type="checkbox"/> Other. Please specify: |  |  |
| Will you require access to the confidential information? |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <i>If yes, please provide a resume or CV.</i>            |  |  |  |

| 2. Project Information  |  |
|---|--|
| Title:  |  |
| BLS Data Set(s):  |  |
| Non-BLS Data Set(s):  |  |
| Description of your approach to completing the project within a two-year time period. <i>(For example, you may plan to come to the BLS national office for three months to do your research all at once, or you may plan to work periodically by coming once a month and researching a week at a time. Also, please detail any special circumstances that may affect your availability to access data.)</i> |  |
|   |  |
| How will you present your research?   |  |
| <input type="checkbox"/> Report(s) <input type="checkbox"/> Journal Article(s) <input type="checkbox"/> Conference(s)<br><input type="checkbox"/> Other. Please specify:  |  |

| 3. Agency Information   |  |                              |                             |
|---|--|------------------------------|-----------------------------|
| Agency Name:  |  |                              |                             |
| Is your office a statistical and/or research unit?  |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Signing Official: <i>This official must have the authority to enter into legally-binding agreements on behalf of the agency. Must be a contract officer, Senior Executive Service official, or agency head.</i> |  |                              |                             |
| Name:   |  |                              |                             |
| Title:  |  | Email:                       |                             |
| Phone:  |  | Fax:                         |                             |
| Mailing Address:  |  |                              |                             |

| 4. Collaboration   |  |  |  |
|--|--|--|--|
| Are you collaborating with any other Federal agencies or institutions for this project (State agency or an educational institution)? |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes:  | What agency/institution(s)?  |  |  |
|  | Please list the names of the collaborators.                                  |  |  |
|  | Specify if any of those collaborators need access to confidential microdata. |  |  |

| 5. Use of Contractors   |  |
|---|--|
| Will you use contractors to access the confidential information?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please state the name of the contractor and provide details (such as the contract number and the name and contact information of the agency employee administering the contract). |  |

| 6. Recipient Project Coordinator   |  |        |  |
|--|--|--------|--|
| Recipient Project Coordinator: <i>A project coordinator must be an employee of the agency and serves as the main point-of-contact between the BLS and the agency. An applicant may serve as project coordinator.</i> |  |        |  |
| Check if same as applicant <input type="checkbox"/>  |  |        |  |
| If not the same as applicant, please fill out the following information:   |  |        |  |
| Name:  |  |        |  |
| Title:   |  | Email: |  |
| Phone:   |  | Fax:   |  |
| Mailing Address:   |  |        |  |
| Employment Status:   | <input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee<br><input type="checkbox"/> Other. Please specify: |        |  |
| Will the recipient project coordinator require access to the confidential information?   |  |        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, please provide their resume or CV.</i>  |  |        |  |

| 7. Additional Individuals Seeking On-site Access to Confidential Microdata   |                    |   |        |  |
|--|--------------------|---|--------|--|
| Please specify any additional individuals who require access to confidential microdata. Attach a resume or CV for each individual. |                    |   |        |  |
| 1.   | Name:              |   | Title: |  |
|  | Phone:             |   | Email: |  |
|  | Address at Agency: |   |        |  |
|  | Employment Status: | <input type="checkbox"/> Agency employee <input type="checkbox"/> Contractor<br><input type="checkbox"/> Other. Please specify: |        |  |
| 2.   | Name:              |   | Title: |  |
|  | Phone:             |   | Email: |  |
|  | Address at Agency: |   |        |  |
|  | Employment Status: | <input type="checkbox"/> Agency employee <input type="checkbox"/> Contractor<br><input type="checkbox"/> Other. Please specify: |        |  |
| 3.   | Name:              |   | Title: |  |
|  | Phone:             |   | Email: |  |
|  | Address at Agency: |   |        |  |
|  | Employment Status: | <input type="checkbox"/> Agency employee <input type="checkbox"/> Contractor<br><input type="checkbox"/> Other. Please specify: |        |  |
| 4.   | Name:              |   | Title: |  |
|  | Phone:             |   | Email: |  |
|  | Address at Agency: |   |        |  |
|  | Employment Status: | <input type="checkbox"/> Agency employee <input type="checkbox"/> Contractor<br><input type="checkbox"/> Other. Please specify: |        |  |
| 5.   | Name:              |   | Title: |  |
|  | Phone:             |   | Email: |  |
|  | Address at Agency: |   |        |  |
|  | Employment Status: | <input type="checkbox"/> Agency employee <input type="checkbox"/> Contractor<br><input type="checkbox"/> Other. Please specify: |        |  |

**Privacy Act Statement.** The information you provide will be used by staff at the Bureau of Labor Statistics (BLS) to determine your eligibility for access to confidential BLS data and for other administrative purposes. Providing the information on this form is voluntary; however, the BLS will not be able to grant access to confidential BLS data without this information. The BLS is authorized to request the information on this form under Title 5, United States Code, Section 301.