



# 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:		<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	
Title:	Email:		
Phone:	Fax:		
Business Mailing Address:			
Employment Status:	<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee		
	<input type="checkbox"/> Other. Please specify: _____		
Will you require access to restricted data? <input type="checkbox"/> Yes ( <i>please provide a resume or CV</i> ) <input type="checkbox"/> No			

2. Project Information	
Title:	
BLS Data Set(s):	
Years of BLS Data:	
Non-BLS Data Set(s):	
Outside Software:	
Requested Access Location: <b>(choose one)</b>	<input type="checkbox"/> BLS National Office, Wash. DC <input type="checkbox"/> FSRDC: _____ <i>Please verify on the BLS website (<a href="https://www.bls.gov/rda/home.htm">https://www.bls.gov/rda/home.htm</a>) that desired data is available for use at the specified FSRDC</i>
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)	
<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
Identify Signing Official: <i>This official must have the authority to enter into legal binding agreements on behalf of the agency. Must be a contract officer, Senior Executive Service official, or agency head.</i>	
Name:	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
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:	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
Title:	Email:
Phone:	Fax:
Mailing Address:	
Employment Status:	<input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <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:		<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
	Title:		Email:
	Employment Status:	<input type="checkbox"/> Agency employee <input type="checkbox"/> Other. Please specify:	<input type="checkbox"/> Contractor
2.	Name:		<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
	Title:		Email:
	Employment Status:	<input type="checkbox"/> Agency employee <input type="checkbox"/> Other. Please specify:	<input type="checkbox"/> Contractor
3.	Name:		<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
	Title:		Email:
	Employment Status:	<input type="checkbox"/> Agency employee <input type="checkbox"/> Other. Please specify:	<input type="checkbox"/> Contractor
4.	Name:		<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
	Title:		Email:
	Employment Status:	<input type="checkbox"/> Agency employee <input type="checkbox"/> Other. Please specify:	<input type="checkbox"/> Contractor

**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.