



**REQUEST FOR UNITED NATIONS GROUNDS PASS
FOR MEMBERS OF SPECIALIZED AGENCIES**

ISSUANCE ☐ RENEWAL ☐ DUPLICATE ☐

ORGANIZATION: _____

PRINCIPAL'S NAME: _____
(First Name) (Last Name)

FUNCTIONAL TITLE: _____

NAME OF SPOUSE: _____
(First Name) (Last Name)

Head of Chancery /
Principal Administrative
Officer:

(Please print name)

SIGNATURE: _____

Date _____ Official seal _____

DO NOT MAKE ANY ENTRIES BELOW THIS LINE
(For Protocol use only)

Expiration date: _____

Signature: _____ Date: _____
Liaison Officer

Code: AD ☐ OS ☐ OC ☐