

REQUEST FOR VISIT

- One Time
- Recurring
- Extended
- Emergency
- Amendment

Annex(es)

- Yes
- No

1. ADMINISTRATIVE DATA

REQUESTOR:

DATE: / /

TO:

VISIT ID:

2. REQUESTING GOVERNMENT AGENCY OR INDUSTRIAL FACILITY

NAME:

Email:

POSTAL ADDRESS:

TELEX/FAX NO:

TEL NO:

3. GOVERNMENT AGENCY OR INDUSTRIAL FACILITY TO BE VISITED

NAME:

Email:

ADDRESS:

TELEX/FAX NO:

POINT OF CONTACT

TEL NO:

If more than one site is to be visited please use the continuation sheet (Annex 2)

4. DATES OF VISIT: / / TO / / (/ / TO / /)

5. TYPES OF VISIT (SELECT ONE FROM EACH COLUMN):

GOVERNMENT INITIATIVE

INITIATED BY REQUESTING AGENCY OR FACILITY

COMMERCIAL INITIATIVE

BY INVITATION OF THE FACILITY TO BE VISITED

6. SUBJECT TO BE DISCUSSED/JUSTIFICATION

Is this a UK MoD Project: Yes

Is this a Non UK MoD Project: Yes

If a UK MoD Project visit please provide a UK MoD POC:

Tel:

7. ANTICIPATED LEVEL OF CLASSIFIED INFORMATION TO BE INVOLVED:

8. IS THE VISIT PERTINENT TO:

SPECIFY:

A SPECIFIC EQUIPMENT OR WEAPON SYSTEM

FOREIGN MILITARY SALES OR EXPORT LICENSE

A PROGRAMME OR AGREEMENT

A DEFENCE ACQUISITION PROCESS

OTHER

REQUEST FOR VISIT (CONTINUED)

9. PARTICULAR OF VISITORS

NAME:

DATE OF BIRTH: / /

PLACE OF BIRTH:

SECURITY CLEARANCE:

PASSPORT NO:

NATIONALITY:

POSITION:

COMPANY/AGENCY

NAME:

DATE OF BIRTH: / /

PLACE OF BIRTH:

SECURITY CLEARANCE:

PASSPORT NO:

NATIONALITY:

POSITION:

COMPANY/AGENCY

If needed please use the continuation sheet (Annex 2)

10. THE SECURITY OFFICER OF THE REQUESTING FACILITY OR AGENCY

NAME:

Email:

TEL NO:

Fax:

SIGNATURE:

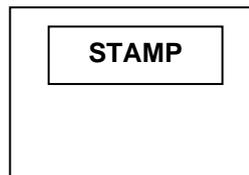
11. CERTIFICATION OF SECURITY CLEARANCE (Completed by Government Certifying Authority)

NAME:

ADDRESS:

TEL NO:

SIGNATURE:



12. REQUESTING SECURITY AUTHORITY (Requesting NSA/DSA)

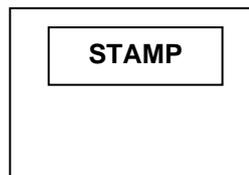
NAME:

ADDRESS:

TEL NO:

SIGNATURE:

DATE: / /



13. REMARKS

Continuation of Section - 3. GOVERNMENT AGENCY OR INDUSTRIAL FACILITY TO BE VISITED

NAME:	Email:
ADDRESS:	
TELEX/FAX NO:	
POINT OF CONTACT	TEL NO:

NAME:	Email:
ADDRESS:	
TELEX/FAX NO:	
POINT OF CONTACT	TEL NO:

NAME:	Email:
ADDRESS:	
TELEX/FAX NO:	
POINT OF CONTACT	TEL NO:

NAME:	Email:
ADDRESS:	
TELEX/FAX NO:	
POINT OF CONTACT	TEL NO:

NAME:	Email:
ADDRESS:	
TELEX/FAX NO:	
POINT OF CONTACT	TEL NO:

NAME:	Email:
ADDRESS:	
TELEX/FAX NO:	
POINT OF CONTACT	TEL NO:

Continuation of Section - 9. PARTICULAR OF VISITORS

NAME:		
DATE OF BIRTH: / /	PLACE OF BIRTH:	
SECURITY CLEARANCE:	PASSPORT NO:	NATIONALITY:
POSITION:		
COMPANY/AGENCY		

NAME:		
DATE OF BIRTH: / /	PLACE OF BIRTH:	
SECURITY CLEARANCE:	PASSPORT NO:	NATIONALITY:
POSITION:		
COMPANY/AGENCY		

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SECURITY CLEARANCE:	PASSPORT NO:	NATIONALITY:
POSITION:		
COMPANY/AGENCY		

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POSITION:		
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SECURITY CLEARANCE:	PASSPORT NO:	NATIONALITY:
POSITION:		
COMPANY/AGENCY		

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DATE OF BIRTH: / /	PLACE OF BIRTH:	
SECURITY CLEARANCE:	PASSPORT NO:	NATIONALITY:
POSITION:		
COMPANY/AGENCY		