

# 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:

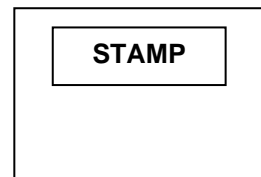
**11. CERTIFICATION OF SECURITY CLEARANCE** (Completed by Government Certifying Authority)

NAME:

ADDRESS:

TEL NO:

SIGNATURE:



**12. REQUESTING SECURITY AUTHORITY** (Requesting NSA/DSA)

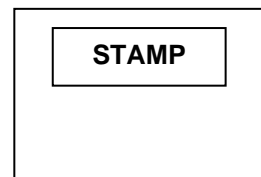
NAME:

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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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

NAME:

DATE OF BIRTH:         /         /

PLACE OF BIRTH:

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NAME:

DATE OF BIRTH:         /         /

PLACE OF BIRTH:

SECURITY CLEARANCE:

PASSPORT NO:

NATIONALITY:

POSITION:

COMPANY/AGENCY