



# REQUEST FOR VISIT



<p><b>(DFL3 use)</b>  VCR: _____  Dates: _____</p>
--

Embassy REF#: \_\_\_\_\_

All fields must be completed:

Attachments  
 Yes     No

One-time    Recurring    Emergency    Amendment    Addition    Deletion    Re-submission

<b>1. Administrative Data</b>	
Requestor: _____	Date: _____
To: _____	Renewal of Visit # _____

<b>2. Requesting Government Agency or Industrial Facility:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Government	<input type="checkbox"/> Industry
Name: _____			
Postal Address: _____			
E-mail Address: _____		Telephone No.: _____	
<b>Point of Contact &amp; Section/Branch: (Mandatory):</b>			
Name: _____			
E-mail Address: _____		Telephone No.: _____	

<b>3. Government Agency or Industrial Facility to be Visited:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Government	<input type="checkbox"/> Industry
Name: _____			
Postal Address: _____			
<b>Point of Contact &amp; Section/Branch: (Mandatory):</b>			
Name: _____			
E-mail Address: _____		Telephone No.: _____	
<b>Agency or Facility Security Officer: (Mandatory):</b>			
Name: _____			
E-mail Address: _____		Telephone No.: _____	

**NOTE: IF MORE THAN ONE VISITING LOCATION REQUESTED, COMPLETE PAGE 4**

<b>4. Dates of Visit(dd/Mmm/yyyy):</b>	From: _____	To: _____
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<b>5. Type of Visit (select one from each column):</b>	
<input type="checkbox"/> Commercial Initiative	<input type="checkbox"/> Initiated by Requesting Agency or Facility
<input type="checkbox"/> Government Initiative	<input type="checkbox"/> By Invitation of the Facility to be Visited*
<b>*PROVIDE A COPY OF THE LETTER OF INVITATION</b>	

<b>6. Subject to be Discussed/Justification/Purpose/Work to be Done</b>

<b>7. Anticipated Level of Classified Information to be Involved (Mandatory):</b>
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<b>8. Is The Visit Pertinent TO:</b>		Specify Contract #/Project Program
A specific equipment or weapon system	<input type="checkbox"/>	
Foreign Military sales or export licence	<input type="checkbox"/>	
A program or agreement	<input type="checkbox"/>	
A defence acquisition process	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

<b>9. Particulars of Visitors</b>	
<input type="checkbox"/> <b>Military</b> <input type="checkbox"/> <b>Defence Contractor</b> <input type="checkbox"/> <b>Defence Civilian</b> <input type="checkbox"/> <b>Government</b> <input type="checkbox"/> <b>Industry</b>	
Name: _____	
Date of Birth: _____ Place of Birth: _____	
Security Clearance: _____ ID/PP Number: _____ Nationality: _____	
Position: _____	
Company: _____	
<input type="checkbox"/> <b>Military</b> <input type="checkbox"/> <b>Defence Contractor</b> <input type="checkbox"/> <b>Defence Civilian</b> <input type="checkbox"/> <b>Government</b> <input type="checkbox"/> <b>Industry</b>	
Name: _____	
Date of Birth: _____ Place of Birth: _____	
Security Clearance: _____ ID/PP Number: _____ Nationality: _____	
Position: _____	
Company: _____	

**NOTE: IF MORE THAN TWO VISITORS, COMPLETE PAGE 3**

<b>10. The Security Officer Of the Requesting Agency Or Industrial Facility</b>	
Name: _____	Telephone: _____
Signature: _____	

<b>11. Certification Of Security Clearance</b>	[STAMP]
Name: _____	
Address: _____	
Telephone: _____	
Signature: _____	

<b>12. Requesting National Security Authority</b>	[STAMP]
Name: _____	
Address: _____	
Telephone: _____	
Signature: _____	

<b>13. Remarks</b>

**Particulars of Visitors (cont'd)**

<b>Visitor #</b>				
<input type="checkbox"/> <b>Military</b>	<input type="checkbox"/> <b>Defence Contractor</b>	<input type="checkbox"/> <b>Defence Civilian</b>	<input type="checkbox"/> <b>Government</b>	<input type="checkbox"/> <b>Industry</b>
Name: _____				
Date of Birth: _____		Place of Birth: _____		
Security Clearance: _____		ID/PP Number: _____	Nationality: _____	
Position: _____				
Company: _____				

<b>Visitor #</b>				
<input type="checkbox"/> <b>Military</b>	<input type="checkbox"/> <b>Defence Contractor</b>	<input type="checkbox"/> <b>Defence Civilian</b>	<input type="checkbox"/> <b>Government</b>	<input type="checkbox"/> <b>Industry</b>
Name: _____				
Date of Birth: _____		Place of Birth: _____		
Security Clearance: _____		ID/PP Number: _____	Nationality: _____	
Position: _____				
Company: _____				

<b>Visitor #</b>				
<input type="checkbox"/> <b>Military</b>	<input type="checkbox"/> <b>Defence Contractor</b>	<input type="checkbox"/> <b>Defence Civilian</b>	<input type="checkbox"/> <b>Government</b>	<input type="checkbox"/> <b>Industry</b>
Name: _____				
Date of Birth: _____		Place of Birth: _____		
Security Clearance: _____		ID/PP Number: _____	Nationality: _____	
Position: _____				
Company: _____				

<b>Visitor #</b>				
<input type="checkbox"/> <b>Military</b>	<input type="checkbox"/> <b>Defence Contractor</b>	<input type="checkbox"/> <b>Defence Civilian</b>	<input type="checkbox"/> <b>Government</b>	<input type="checkbox"/> <b>Industry</b>
Name: _____				
Date of Birth: _____		Place of Birth: _____		
Security Clearance: _____		ID/PP Number: _____	Nationality: _____	
Position: _____				
Company: _____				

<b>Visitor #</b>				
<input type="checkbox"/> <b>Military</b>	<input type="checkbox"/> <b>Defence Contractor</b>	<input type="checkbox"/> <b>Defence Civilian</b>	<input type="checkbox"/> <b>Government</b>	<input type="checkbox"/> <b>Industry</b>
Name: _____				
Date of Birth: _____		Place of Birth: _____		
Security Clearance: _____		ID/PP Number: _____	Nationality: _____	
Position: _____				
Company: _____				

**Total Number of Visitors (\_\_\_\_\_)**

**Government Agency or Industrial Facility to be visited (cont'd)**

**Agency/Facility #**

<b>Government Agency or Industrial Facility to be Visited:</b> <input type="checkbox"/> Military <input type="checkbox"/> Government <input type="checkbox"/> Industry	
Name:	
Postal Address:	
<b>Point of Contact &amp; Section/Branch: (Mandatory):</b>	
Name:	
E-mail Address:	Telephone No.:
<b>Agency or Facility Security Officer: (Mandatory):</b>	
Name:	
E-mail Address:	Telephone No.:

**Agency/Facility #**

<b>Government Agency or Industrial Facility to be Visited:</b> <input type="checkbox"/> Military <input type="checkbox"/> Government <input type="checkbox"/> Industry	
Name:	
Postal Address:	
<b>Point of Contact &amp; Section/Branch: (Mandatory):</b>	
Name:	
E-mail Address:	Telephone No.:
<b>Agency or Facility Security Officer: (Mandatory):</b>	
Name:	
E-mail Address:	Telephone No.:

**Agency/Facility #**

<b>Government Agency or Industrial Facility to be Visited:</b> <input type="checkbox"/> Military <input type="checkbox"/> Government <input type="checkbox"/> Industry	
Name:	
Postal Address:	
<b>Point of Contact &amp; Section/Branch: (Mandatory):</b>	
Name:	
E-mail Address:	Telephone No.:
<b>Agency or Facility Security Officer: (Mandatory):</b>	
Name:	
E-mail Address:	Telephone No.:

**Agency/Facility #**

<b>Government Agency or Industrial Facility to be Visited:</b> <input type="checkbox"/> Military <input type="checkbox"/> Government <input type="checkbox"/> Industry	
Name:	
Postal Address:	
<b>Point of Contact &amp; Section/Branch: (Mandatory):</b>	
Name:	
E-mail Address:	Telephone No.:
<b>Agency or Facility Security Officer: (Mandatory):</b>	
Name:	
E-mail Address:	Telephone No.:

**Total Number of Locations to be Visited (\_\_\_\_)**