FORM **CD-414** LF (REV. 2-93) DAO 207-1

VISIT AUTHORIZATION AND SECURITY CLEARANCE CERTIFICATION REQUEST

COMPLETE NAME, ORGA	NIZATION,	ADDRES	S, AND TELEPI	HONE N	UMBER	RS TO B	E FURNISHE	d for it	EMS 1 AND 2		
1. TO:					2. FROM/REQUESTOR:						
ORGANIZATION:					ORGANIZATION:						
ADDRESS:					ADDRESS:						
TELEPHONE: FAX:					TELEPHONE: FAX:						
3. VISITOR(S) NAME (Last, First, Initial)	DATE AND COL			A. SECURITY OFFICE USE ONLY							
AND SSN PL				D NO.	CLEARANCE		DATE		SIS FOR	CITIZEN	
					LE	VEL	GRANTED	CLI	EARANCE	OF	
5. PURPOSE OF VISIT											
6. DATE(S) OF VISIT OR CERTIFICATION (Not to exceed 1 year)							7. REQUIRE	DLEVEL	OF CLEARANCE		
8. POINT(S) OF CONTACT (List intended rec	, 					D. FAX NO.					
A. NAME B. ORG			ANIZATION		C. PHONE				D. FAX NO.		
		<u> </u>									
9. REMARKS											
10. REQUESTOR			OFFICE/DIVISION					DATE	DATE		
11. NEED TO KNOW CERTIFICATION: For contracting officer or an authorized rep								rs and the	ir employees, cer	rtification by the	
		sponsible			nonneu	by contra		DATE			
I certify that access by the visitor(s) is in the national interest.			SIGNATURE (Name/Title)					DATE	DATE		
								PHON	PHONE		
12. SECURITY OFFICER CERTIFICATION (I	SIGNATURE					DATE	DATE				
						PHON	PHONE				
API	PROVAL FO	OR THE V	ISIT IS ASSUM	ED UNL	ESS 01	THERW	ISE NOTIFIED)			
PRIVACY ACT STATEMENT: Collection	on of the in	formatior	requested is a	authorize	d by E	xecutive	e Orders 1048	50 and 12	2356. Persona	al information,	
including the social security number, w incomplete information may result in del									trolled areas.	Inadequate or	
INSTRUCTIONS: Form must be typew		-							proposed visit	If classified	
materials are to be handcarried, visitor Forward copies 1 and 2 to Security Offic	must posse	ss a Cou	rier Authorizatio								