FORM **CD-414** LF (REV. 2-93) DAO 207-1 U.S. DEPARTMENT OF COMMERCE

## VISIT AUTHORIZATION AND SECURITY CLEARANCE CERTIFICATION REQUEST

COMPLETE NAME, ORGAN	IZATION, ADDRE	SS, AND TELEP	HONE N	UMBER	ѕ то ві	E FURNISHE	FOR IT	EMS 1 AND 2		
<b>1.</b> TO:				2. FROM/REQUESTOR:						
ORGANIZATION:				IZATION	:					
ADDRESS:				ADDRESS:						
TELEPHONE: FAX:			TELEPH	TELEPHONE: FAX:						
3. VISITOR(S) NAME (Last, First, Initial)	COL	JRIER		4. SECURITY OFFICE USE ONLY						
AND SSN	DATE AND PLACE OF BIR		D NO.	CLEARA		DATE GRANTED		SIS FOR	CITIZEN OF	
				LEV	/EL	GRANTED	CLE	EARANCE	OF	
5. PURPOSE OF VISIT										
						_				
6. DATE(S) OF VISIT OR CERTIFICATION (Not to exceed 1 year)						7. REQUIRED LEVEL OF CLEARANCE				
8. POINT(S) OF CONTACT (List intended recipient(s) of clearance data)					D FAVAIO					
A. NAME	GANIZATION			C. PHONE			<b>D.</b> FAX NO.			
9. REMARKS										
10. REQUESTOR OFFICE			FFICE/DIVISION					DATE		
11. NEED TO KNOW CERTIFICATION: For							s and the	ir employees, ce	rtification by the	
contracting officer or an authorized repre	esentative responsible	<del> </del>			by contra	ctor.	15.75			
			GNATURE (Name/Title)					DATE		
I certify that access by the visitor(s) is in the							PHONE			
12. SECURITY OFFICER CERTIFICATION (Name/Title)			BIGNATURE					DATE		
							PHONE			
APPROVAL FOR THE VISIT IS ASSUMED UNLESS OTHERWISE NOTIFIED										

PRIVACY ACT STATEMENT: Collection of the information requested is authorized by Executive Orders 10450 and 12356. Personal information, including the social security number, will be used to correctly identify visitor for access to classified information and controlled areas. Inadequate or incomplete information may result in delaying or withholding the visit authorization or access to classified information.

INSTRUCTIONS: Form must be typewritten. Submit to servicing Security Officer within 10 working days in advance of proposed visit. If classified materials are to be handcarried, visitor must possess a Courier Authorization Card, CD-75 authorization number under Courier; otherwise indicate N/A. Forward copies 1 and 2 to Security Office; requesting office retain copy 3.