

ONE-TIME
RECURRING

EMERGENCY
AMENDMENT

YES
 NO

ADMINISTRATIVE DATA

1. REQUESTOR: DISCO, Fort Meade, Maryland DATE:
VISIT ID:
AMENDMENT:

REQUESTING GOVERNMENT AGENCY OR INDUSTRIAL FACILITY

2. CAGE CODE:
NAME:
POSTAL ADDRESS:
CITY: STATE: ZIP CODE:
FAX NO.: TELEPHONE NO.:
POINT OF CONTACT: e-mail:

GOVERNMENT AGENCY OR INDUSTRIAL FACILITY TO BE VISITED

3. COUNTRY:
NAME:
POSTAL ADDRESS:

FAX NO.: TEL.NO.:
POINT OF CONTACT:

4. DATE OF VISIT: _____ TO _____

5. TYPE 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:

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 DEFENSE ACQUISITION PROCESS _____
 OTHER _____

9. PARTICULARS OF VISITORS

VISITOR #001:
SSN:
NAME:
DATE OF BIRTH: PLACE OF BIRTH:
SECURITY CLEARANCE: ID/PP NUMBER:
NATIONALITY: POSITION:
COMPANY/AGENCY:

VISITOR #002:
SSN:
NAME:
DATE OF BIRTH: PLACE OF BIRTH:
SECURITY CLEARANCE: ID/PP NUMBER:
NATIONALITY: POSITION:
COMPANY/AGENCY:

10. THE SECURITY OFFICER OF THE REQUESTING GOVERNMENT AGENCY OR INDUSTRIAL FACILITY

NAME:

TELEPHONE NO:

FAX NO:

11. CERTIFICATION OF SECURITY CLEARANCE

NAME:

ADDRESS:

TELEPHONE NO:

12. REQUESTING NATIONAL SECURITY AUTHORITY

NAME:

ADDRESS:

TELEPHONE NO:

13. REMARKS

REQUEST FOR VISIT (RFV)

REFERENCE RFV - FORMAT, PARA 3

VISIT ID NO:

ANNEX 1
TO RFV FORMAT

GOVERNMENT AGENCY OR INDUSTRIAL FACILITY TO BE VISITED

1. NAME:
 ADDRESS:
 TEL NO.:
 FAX:
POINT OF CONTACT:

2. NAME:
 ADDRESS:
 TEL NO.:
 FAX:
POINT OF CONTACT:

3. NAME:
 ADDRESS:
 TEL NO.:
 FAX:
POINT OF CONTACT:

4. NAME:
 ADDRESS:
 TEL NO.:
 FAX:
POINT OF CONTACT:

5. NAME:
 ADDRESS:
 TEL NO.:
 FAX:
POINT OF CONTACT:

6. NAME:
 ADDRESS:
 TEL NO.:
 FAX:
POINT OF CONTACT:

UNCLASSIFIED

REQUEST FOR VISIT (RFV)

REFERENCE RFV - FORMAT, PARA 9

VISIT ID NO:

ANNEX 2
TO RFV FORMAT

VISITOR #003:

SSN:

NAME:

DATE OF BIRTH:

SECURITY CLEARANCE:

NATIONALITY:

COMPANY/AGENCY:

PLACE OF BIRTH:

ID/PP NUMBER:

POSITION:

VISITOR #004:

SSN:

NAME:

DATE OF BIRTH:

SECURITY CLEARANCE:

NATIONALITY:

COMPANY/AGENCY:

PLACE OF BIRTH:

ID/PP NUMBER:

POSITION:

VISITOR #005:

SSN:

NAME:

DATE OF BIRTH:

SECURITY CLEARANCE:

NATIONALITY:

COMPANY/AGENCY:

PLACE OF BIRTH:

ID/PP NUMBER:

POSITION:

VISITOR #006:

SSN:

NAME:

DATE OF BIRTH:

SECURITY CLEARANCE:

NATIONALITY:

COMPANY/AGENCY:

PLACE OF BIRTH:

ID/PP NUMBER:

POSITION:

VISITOR #007:

SSN:

NAME:

DATE OF BIRTH:

SECURITY CLEARANCE:

NATIONALITY:

COMPANY/AGENCY:

PLACE OF BIRTH:

ID/PP NUMBER:

POSITION:

VISITOR #008:

SSN:

NAME:

DATE OF BIRTH:

SECURITY CLEARANCE:

NATIONALITY:

COMPANY/AGENCY:

PLACE OF BIRTH:

ID/PP NUMBER:

POSITION:

VISITOR #009:

SSN:

NAME:

DATE OF BIRTH:

SECURITY CLEARANCE:

NATIONALITY:

COMPANY/AGENCY:

PLACE OF BIRTH:

ID/PP NUMBER:

POSITION:

REQUEST FOR VISIT (RFV)

REFERENCE RFV - FORMAT, PARA 9

VISIT ID NO:

ANNEX 2
TO RFV FORMAT

VISITOR #010:

SSN:

NAME:

DATE OF BIRTH:

SECURITY CLEARANCE:

NATIONALITY:

COMPANY/AGENCY:

PLACE OF BIRTH:

ID/PP NUMBER:

POSITION:

VISITOR #011:

SSN:

NAME:

DATE OF BIRTH:

SECURITY CLEARANCE:

NATIONALITY:

COMPANY/AGENCY:

PLACE OF BIRTH:

ID/PP NUMBER:

POSITION:

VISITOR #012:

SSN:

NAME:

DATE OF BIRTH:

SECURITY CLEARANCE:

NATIONALITY:

COMPANY/AGENCY:

PLACE OF BIRTH:

ID/PP NUMBER:

POSITION:

VISITOR #013:

SSN:

NAME:

DATE OF BIRTH:

SECURITY CLEARANCE:

NATIONALITY:

COMPANY/AGENCY:

PLACE OF BIRTH:

ID/PP NUMBER:

POSITION:

VISITOR #014:

SSN:

NAME:

DATE OF BIRTH:

SECURITY CLEARANCE:

NATIONALITY:

COMPANY/AGENCY:

PLACE OF BIRTH:

ID/PP NUMBER:

POSITION:

VISITOR #015:

SSN:

NAME:

DATE OF BIRTH:

SECURITY CLEARANCE:

NATIONALITY:

COMPANY/AGENCY:

PLACE OF BIRTH:

ID/PP NUMBER:

POSITION:

VISITOR #016:

SSN:

NAME:

DATE OF BIRTH:

SECURITY CLEARANCE:

NATIONALITY:

COMPANY/AGENCY:

PLACE OF BIRTH:

ID/PP NUMBER:

POSITION: