

Visit Request

Naval Research Laboratory, Marine Meteorology Division, Monterey, CA

Please complete, have it signed by the person authorizing this visit from your command/company, and fax it to NRL Security at 831-656-4191 or email to security@nrlmry.navy.mil. For questions regarding this form and visitor procedures please call 831-656-4729 / 4782 or email us at security@nrlmry.navy.mil.

All fields must be filled in or the request may be denied. By submission you are agreeing to abide by NSAM Annex regulations to include random vehicle searches as necessary.

Privacy Act Sensitive - For Official Use Only
Any misuse or unauthorized disclosure may result in both civil and criminal penalties

Organization / Company / Command Information:

Name: _____

Address: _____

Phone: _____ Fax: _____

DoD Common Access Card (CAC) Holder: No ___ Yes ___

Foreign Government Agency Representative: No ___ Yes ___

Date of Request: ____/____/____

Duration of Visit (1 year maximum for U.S. Military/Federal employees):

Arrival date: ____/____/____ Departure date: ____/____/____

Point of Contact at NRL: (Must be Military or a Federal Employee, NOT a Contractor)

Purpose of Visit / Remarks: _____

I agree **NOT TO** take photographs, unless authorized by NRL Management (initial) _____

Your Full Name: _____

Rank/Title/Position: _____

Email: _____ Phone: _____

Date of Birth: ____/____/____ Place of Birth: _____

Citizenship: U.S. Permanent Resident (PR) Other (specify): _____

DoD ID Number: _____

- OR -

Social Security Number: ____-____-____ Passport Number (Non-US): _____

USCIS Registration Number (if U.S. PR): A _____

Security Clearance: None ___ Confidential ___ Secret ___ Top Secret ___

Agency granting clearance: _____

Date of investigation: ____/____/____ Type of investigation: _____

This section is to be completed by the person in your organization that authorizes travel and security information. This form is not to be signed by the person requesting to visit!

Authorizer Name: _____

Rank/Title/Position: _____

Email: _____ Phone: _____

Authorizer signature (REQUIRED): _____