REQUEST FOR VISIT

Embassy REF#: _____

(DFL3 use)
VCR:_____
Dates:_____

Attachments
☐ **Yes** ☐ **No**

All fields must be completed:

☐ **One-time** ☐ **Recurring** ☐ **Emergency** ☐ **Ammendment** ☐ **Addition** ☐ **Deletion** ☐ **Re-submission**

1. Administrative Data			
Requestor:		Date:	
To:		Renewal of Visit #	

2. Requesting Government Agency or Industrial Facility:	☐ **Military** ☐ **Government** ☐ **Industry**
Name:	
Postal Address:	
E-mail Address:	Telephone No.:
Point of Contact & Section/Branch: (Mandatory):	
Name:	
E-mail Address:	Telephone No.:

3. Government Agency or Industrial Facility to be Visited:	☐ **Military** ☐ **Government** ☐ **Industry**
Name:	
Postal Address:	
Point of Contact & Section/Branch: (Mandatory):	
Name:	
E-mail Address:	Telephone No.:
Agency or Facility Security Officer: (Mandatory):	
Name:	
E-mail Address:	Telephone No.:

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

4. Dates of Visit(dd/Mmm/yyyy):	From: _____	To _____

5. Type of Visit (select one from each column):	
☐ Commercial Initiative	☐ Initiated by Requesting Agency or Facility
☐ Government Initiative	☐ By Invitation of the Facility to be Visited*

If by invitation of the Facility to be visited, please provide copy of Letter of Invitation

6. Subject to be Discussed/Justification/Purpose/Work to be Done

7. Anticipated Level of Classified Information to be Involved (Mandatory):

8. Is The Visit Pertinent TO:		Specify Contract #/Project Program
A specific equipment or weapon system	☐	
Foreign Military sales or export licence	☐	
A program or agreement	☐	
A defence acquisition process	☐	
Other	☐	

9. Particulars of Visitors

☐**Military** ☐ **Defence Contractor** ☐ **Defence Civilian** ☐**Government** ☐**Industry**

Name: _____

Date of Birth: _____ Place of Birth: _____

Security Clearance: _____ ID/PP Number: _____ Nationality: _____

Position: _____

Company: _____

☐**Military** ☐ **Defence Contractor** ☐ **Defence Civilian** ☐**Government** ☐**Industry**

Name: _____

Date of Birth: _____ Place of Birth: _____

Security Clearance: _____ ID/PP Number: _____ Nationality: _____

Position: _____

Company: _____

NOTE: IF MORE THAN TWO VISITORS, COMPLETE PAGE 3

10. The Security Officer Of the Requesting Agency Or Industrial Facility

Name: _____ Telephone: _____

Signature: _____

11. Certification Of Security Clearance

Name: _____

Address: _____

_____

Telephone: _____

Signature: _____

12. Requesting National Security Authority

Name: _____

Address: _____

_____

Telephone: _____

Signature: _____

13. Remarks

Particulars of Visitors

☐ **Military** ☐ **Defence Contractor** ☐ **Defence Civilian** ☐ **Government** ☐ **Industry**
Name: _____
Date of Birth: _____ Place of Birth: _____
Security Clearance: _____ ID/PP Number: _____ Nationality: _____
Position: _____
Company: _____

☐ **Military** ☐ **Defence Contractor** ☐ **Defence Civilian** ☐ **Government** ☐ **Industry**
Name: _____
Date of Birth: _____ Place of Birth: _____
Security Clearance: _____ ID/PP Number: _____ Nationality: _____
Position: _____
Company: _____

☐ **Military** ☐ **Defence Contractor** ☐ **Defence Civilian** ☐ **Government** ☐ **Industry**
Name: _____
Date of Birth: _____ Place of Birth: _____
Security Clearance: _____ ID/PP Number: _____ Nationality: _____
Position: _____
Company: _____

☐ **Military** ☐ **Defence Contractor** ☐ **Defence Civilian** ☐ **Government** ☐ **Industry**
Name: _____
Date of Birth: _____ Place of Birth: _____
Security Clearance: _____ ID/PP Number: _____ Nationality: _____
Position: _____
Company: _____

☐ **Military** ☐ **Defence Contractor** ☐ **Defence Civilian** ☐ **Government** ☐ **Industry**
Name: _____
Date of Birth: _____ Place of Birth: _____
Security Clearance: _____ ID/PP Number: _____ Nationality: _____
Position: _____
Company: _____

☐ **Military** ☐ **Defence Contractor** ☐ **Defence Civilian** ☐ **Government** ☐ **Industry**
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)

Government Agency or Industrial Facility to be Visited:	☐ **Military**	☐ **Government**	☐ **Industry**
Name:			
Postal Address:			
Point of Contact & Section/Branch: (Mandatory):			
Name:			
E-mail Address:	Telephone No.:		
Agency or Facility Security Officer: (Mandatory):			
Name:			
E-mail Address:	Telephone No.:		

3. Government Agency or Industrial Facility to be Visited:	☐ **Military**	☐ **Government**	☐ **Industry**
Name:			
Postal Address:			
Point of Contact & Section/Branch: (Mandatory):			
Name:			
E-mail Address:	Telephone No.:		
Agency or Facility Security Officer: (Mandatory):			
Name:			
E-mail Address:	Telephone No.:		

3. Government Agency or Industrial Facility to be Visited:	☐ **Military**	☐ **Government**	☐ **Industry**
Name:			
Postal Address:			
Point of Contact & Section/Branch: (Mandatory):			
Name:			
E-mail Address:	Telephone No.:		
Agency or Facility Security Officer: (Mandatory):			
Name:			
E-mail Address:	Telephone No.:		

3. Government Agency or Industrial Facility to be Visited:	☐ **Military**	☐ **Government**	☐ **Industry**
Name:			
Postal Address:			
Point of Contact & Section/Branch: (Mandatory):			
Name:			
E-mail Address:	Telephone No.:		
Agency or Facility Security Officer: (Mandatory):			
Name:			
E-mail Address:	Telephone No.:		

Total Number of Locations to be Visited (___)