

All fields must be completed and the form communicated via Government-to-Government

<h1 style="margin: 0;">REQUEST FOR VISIT</h1>		
<p>TO: <i>(Country / international organisation name)</i></p>		
<p><b>1. TYPE OF VISIT REQUEST</b></p> <p><input type="checkbox"/> One-time  <input type="checkbox"/> Recurring  <input type="checkbox"/> Emergency  <input type="checkbox"/> Amendment</p>	<p><b>2. TYPE OF INFORMATION / MATERIAL OR SITE ACCESS</b></p> <p><input type="checkbox"/> CONFIDENTIAL or above</p> <p><input type="checkbox"/> Access to security areas without access to classified information / material</p> <hr/> <p><i>Only if required by the laws / regulations of the countries involved</i></p> <p><input type="checkbox"/> Unclassified / RESTRICTED</p>	<p><b>3. SUMMARY</b></p> <p>No. of sites <input style="width: 40px; text-align: center;" type="text" value="1"/></p> <p>No. of visitors <input style="width: 40px; text-align: center;" type="text" value="1"/></p>
<p><b>4. ADMINISTRATIVE DATA:</b></p>		
<p>Requestor: <input style="width: 250px; height: 25px;" type="text"/></p> <p>To: <input style="width: 250px; height: 25px;" type="text"/></p>	<p>NSA/DSA RFV Reference No. <input style="width: 200px; height: 25px;" type="text"/></p> <p>Date (dd/mm/yyyy): <input style="width: 150px; height: 25px;" type="text"/></p>	
<p><b>5. REQUESTING GOVERNMENT AGENCY, ORGANISATION OR INDUSTRIAL FACILITY:</b></p> <p><input type="checkbox"/> Military    <input type="checkbox"/> Government    <input type="checkbox"/> Industry    <input type="checkbox"/> NATO    <input type="checkbox"/> EU    <input type="checkbox"/> Other</p>		
<p>NAME: <input style="width: 650px; height: 25px;" type="text"/></p> <p>POSTAL ADDRESS: <input style="width: 650px; height: 25px;" type="text"/></p> <p>E-MAIL ADDRESS: <input style="width: 650px; height: 25px;" type="text"/></p> <p>FAX NO: <input style="width: 280px; height: 25px;" type="text"/>      TELEPHONE NO: <input style="width: 220px; height: 25px;" type="text"/></p>		
<p><b>6. GOVERNMENT AGENCY(IES), ORGANISATION(S) OR INDUSTRIAL FACILITY(IES) TO BE VISITED -</b>  <i>(Annex 1 to be completed)</i></p>		
<p><b>7. DATE OF VISIT (dd/mm/yyyy):</b>      FROM <input style="width: 150px; height: 25px;" type="text"/>      TO <input style="width: 150px; height: 25px;" type="text"/></p>		
<p><b>8. TYPE OF INITIATIVE (Select one from each column):</b></p>		
<p><input type="checkbox"/> Government initiative</p> <p><input type="checkbox"/> Commercial initiative</p>	<p><input type="checkbox"/> Initiated by requesting agency or facility</p> <p><input type="checkbox"/> By invitation of the facility to be visited</p>	

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9. IS THE VISIT PERTINENT TO:

- Specific equipment or weapon system
- Foreign military sales or export licence
- A programme or agreement
- A defence acquisition process
- Other

Specification of the selected subject:

10. SUBJECT TO BE DISCUSSED/JUSTIFICATION/PURPOSE *(To include details of host Government/Project Authority and solicitation/contract number if known and any other relevant information. Abbreviations should be avoided):*

11. ANTICIPATED HIGHEST LEVEL OF INFORMATION/MATERIAL OR SITE ACCESS TO BE INVOLVED:

**Only if required by the laws/regulations of the countries involved**

Unclassified

RESTRICTED

CONFIDENTIAL

TOP SECRET

SECRET

Other

12. PARTICULARS OF VISITOR(S) - *(Annex 2 to be completed)*

13. THE SECURITY OFFICER OF THE REQUESTING GOVERNMENT AGENCY, ORGANISATION OR INDUSTRIAL FACILITY:

NAME:

TELEPHONE NO:

E-MAIL ADDRESS:

SIGNATURE:

STAMP

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<b>14. CERTIFICATION OF SECURITY CLEARANCE LEVEL:</b>		
NAME:	<input type="text"/>	STAMP <input type="text"/>
ADDRESS:	<input type="text"/>	
TELEPHONE NO:	<input type="text"/>	
E-MAIL ADDRESS:	<input type="text"/>	
SIGNATURE:	<input type="text"/>	
		DATE (dd/mm/yyyy): <input type="text"/>
<b>15. REQUESTING NATIONAL SECURITY AUTHORITY / DESIGNATED SECURITY AUTHORITY:</b>		
NAME:	<input type="text"/>	STAMP <input type="text"/>
ADDRESS:	<input type="text"/>	
TELEPHONE NO:	<input type="text"/>	
E-MAIL ADDRESS:	<input type="text"/>	
SIGNATURE:	<input type="text"/>	
		DATE (dd/mm/yyyy): <input type="text"/>
<b>16. REMARKS</b> <i>(Mandatory justification required in case of an emergency visit):</i>		
<input type="text"/>		

**ANNEX 1 TO RFV FORM**

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**GOVERNMENT AGENCY(IES), ORGANISATION(S)  
OR INDUSTRIAL FACILITY(IES) TO BE VISITED**

Add

Military     Government     Industry     NATO     EU     Other

NAME:

ADDRESS:

TELEPHONE NO:

FAX NO:

NAME OF POINT OF CONTACT:

E-MAIL:

TELEPHONE NO:

NAME OF SECURITY OFFICER OR  
SECONDARY POINT OF CONTACT:

E-MAIL:

TELEPHONE NO:

Delete

**ANNEX 2 TO RFV FORM**

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## PARTICULARS OF VISITOR(S)

Add

Military  Defence Public Servant  Government  Industry/Embedded Contractor  NATO Employee  EU Employee  Other

SURNAME:

FORENAMES (as per passport):

RANK (if applicable):

DATE OF BIRTH (dd/mm/yyyy):

PLACE OF BIRTH:

NATIONALITY:

SECURITY CLEARANCE LEVEL:

PP/ID NUMBER:

POSITION:

COMPANY/AGENCY:

Delete