INSTRUCTIONS FOR U-1201 REQUEST FOR VISIT (RFV) FORM

The following form must be completed in full. Failure to complete all areas of the form will result in the Request For Visit (RFV) being rejected.

A. GENERAL INSTRUCTIONS

- 1. DSS requires five (5) <u>business</u> days as lead time for processing RFV requests. This is in addition to each country's lead time requirement for approval review.
- 2. Duration of a visit may not be longer than 364 days (one year, less one day).

B. SPECIFIC INSTRUCTIONS

- Top of Mark ONE box which best describes the type of visit One-Time, Recurring, etc.
- Form Advise if <u>Annexes</u> are included Mark appropriate box YES <u>or</u> NO. (Annexes refer to the last two pages of the form, which provide overflow space to accommodate additional sites to be visited, and/or additional visitors.)
- Block 1 For Government use only. Leave blank.
- Block 2 Provide facility CAGE (Commercial And Government Entity) Code in addition to requesting company's facility address.
- Block 3 If more than one site is to be visited, additional sites can be documented on page 3 (referred to as *Annex 1*). Ensure the complete site Point of Contact information is provided.
- Block 4 Duration of a visit may not be longer than 364 days (one year, less one day).

 Format for dates should be as follows: Day Month Year (e.g. 05 May 2013), with the month spelled out.
 - With regards to Emergency Visits, exact dates must be cited, plus the visit duration can be no longer than 30 days.
- Block 5 TWO selections are required. One from left and one from right column.
- Block 6 Explain the subject to be discussed in detail. Vague descriptions such as "technical discussions" or "technical interchange meeting" for example, are not sufficient.
- Block 7 Indicate classification level of visit Confidential, Secret, Top Secret, or Classified Site.
- Block 8 Check appropriate block, and *specify* the current <u>Contract Number/Project/Program Name</u> on the corresponding line.
- Block 9 If the space allotted in block 9 cannot accommodate the number of intended visitors:
 - 1. Scroll down to page 4 (referred to as Annex 2).
 - 2. Include additional visitors as needed.
- Block 10 Facility Security Officer's name and contact numbers. Note: This visit request is NOT valid without the company security officer or Facility Security Officer's signature.
- Block 11 For Government Use Only.
- Block 12 For Government Use Only.
- Block 13 This area provides additional writing space for blocks above with insufficient space.

Upon completion, fax form to DSS International Division at (571) 305-6010, ATTN: International.

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EQUESTOR:	Defense Security Service		DATE:		
	International Division, Quanti	co, VA	VISIT ID:		
			AMENDMENT:		
		T AGENCY	OR INDUSTRIAL FAC	ILITY	
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ITY:		ST	ATE: ZIP	CODE:	
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REQUEST FOR VISIT CONTINUATION

VISIT ID NO:

0. THE SECURITY OFFICER OF THE REQUESTING GOVERNMENT AGENCY OR INDUSTRIAL FACILITY (MUST BE SIGNED BY A SECURITY OFFICER OR FSO, OTHERWISE THE FORM IS INVALID)
NAME:
SIGNATURE:
TELEPHONE NO:
FAX NO:
1. CERTIFICATION OF SECURITY CLEARANCE
NAME: Defense Security Service, Industrial Policy & Programs, International Division
27130 Telegraph Rd ADDRESS: Quantico, VA 22134 Email: iab@dss.mil
TELEPHONE NO: 855-834-0375 Fax: 571-305-6010
2. REQUESTING NATIONAL SECURITY AUTHORITY
NAME: Defense Security Service, Industrial Policy & Programs, International Division
ADDRESS: 27130 Telegraph Rd Quantico, VA 22134
Email: iab@dss.mil
TELEPHONE NO: 855-834-0375 Fax: 571-305-6010
3. REMARKS

REQUEST FOR VISIT (RFV)

REFERENCE RFV - FORMAT, PARA 3

VISIT ID NO:
ANNEX 1 TO RFV FORMAT

	GOVE	CRNMENT AGENCY OR INDUSTRIAL FACILITY TO BE VISITED
2.	NAME:	
	ADDRESS:	
	TEL NO.:	
	FAX: _	
	POINT OF CONTACT: _	EMAIL:
3.	NAME:	
	ADDRESS:	
	TEL NO.:	
	FAX:	
	POINT OF CONTACT:	EMAIL:
	_	
4.	NAME:	
	ADDRESS:	
	TEL NO.:	
	FAX:	
	POINT OF CONTACT:	EMAIL:
	_	
5.	NAME.	
٥.	ADDRESS:	
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	FAX:	
	POINT OF CONTACT:	EMAH.
	TORVI OF CONTROL.	EMAIL:
6.	NAME: _	
	ADDRESS: _	
	TEL NO.: _	
	FAX: _	
	POINT OF CONTACT: _	EMAIL:
7.	NAME: _	
	ADDRESS: _	
	TEL NO.:	
	FAX: _	
	POINT OF CONTACT: _	EMAIL:
<u> </u>		

REQUEST FOR VISIT (RFV)

VISIT ID NO: ____

REFERENCE RFV - FORMAT, PARA 9

VISITOR #003	
SSN:	
NAME:	
DATE OF BIRTH:	PLACE OF BIRTH:
SECURITY CLEARANCE:	ID/PP NUMBER:
NATIONALITY:	POSITION:
VISITOR # <u>004</u>	
SSN: NAME:	
DATE OF BIRTH:	PLACE OF BIRTH:
SECURITY CLEARANCE:	
NATIONALITY:	
COMPANY/ACENCY.	
VISITOR #005	
SSN:	
NAME:	
	PLACE OF BIRTH:
SECURITY CLEARANCE:	ID/PP NUMBER:
NATIONALITY:	POSITION
VISITOR # <u>006</u>	
SSN:	
DATE OF BIRTH:	DI ACE OF DIDITI
	ID/PP NUMBER:
NATIONALITY:	
VISITOR #007	
SSN:	
NAME:	
DATE OF BIRTH:	
SECURITY CLEARANCE:	ID/PP NUMBER:
NATIONALITY:	POSITION:
COMPANY/AGENCY:	
VISITOR # <u>008</u>	
SSN:	
NAME:	PLACE OF BIRTH:
NATIONALITY:	ID/PP NUMBER:
COMPANY/AGENCY:	
VISITOR # <u>009</u> SSN:	
NAME:	
DATE OF BIRTH:	PLACE OF BIRTH:
SECURITY CLEARANCE:	ID/PP NUMBER:
NATIONALITY:	
GOVED VANALLA GERALGATA	

REQUEST FOR VISIT (RFV)

VISIT ID NO: _____

REFERENCE RFV - FORMAT, PARA 9

VISITOR # <u>010</u>	
SSN: _	
NAME: _	DV 4 CE OF DIDMY
DATE OF BIRTH: _	PLACE OF BIRTH:
SECURITY CLEARANCE: _	ID/PP NUMBER:
	POSITION:
VISITOR # <u>011</u>	
DATE OF BIRTH:	PLACE OF BIRTH:
SECURITY CLEARANCE:	ID/PP NUMBER:
NATIONALITY:	POSITION:
VISITOR #012	
NAME:	
DATE OF BIRTH:	PLACE OF BIRTH:
SECURITY CLEARANCE:	ID/PP NUMBER:
NATIONALITY:	POSITION
COMPANY/AGENCY: _	
I VISITOR #013	
SSN:	
NAME: DATE OF RIPTH:	PLACE OF BIRTH:
	ID/PP NUMBER:
	POSITION:
COMPANY/AGENCY:	
VISITOR # <u>014</u>	
NAME:	
DATE OF BIRTH:	PLACE OF BIRTH:
	ID/PP NUMBER:
	POSITION:
COMPANY/AGENCY:	
VISITOR #015	
NAME:	
DATE OF BIRTH:	PLACE OF BIRTH:
SECURITY CLEARANCE:	ID/PP NUMBER:
NATIONALITY:	POSITION:
COMPANY/AGENCY:	
VISITOR # <u>016</u>	
NAME:	DI ACE OF DIDTH.
DATE OF BIKTH:	PLACE OF BIRTH:
SECURITY CLEARANCE:	ID/PP NUMBER:
	POSITION:
COMPANY/AGENCY: _	

REQUEST FOR VISIT (RFV)

VISIT ID NO: _____

REFERENCE RFV - FORMAT, PARA 9

VISITOR # <u>017</u>	
SSN:	
NAME:	
DATE OF BIRTH:	PLACE OF BIRTH:
SECURITY CLEARANCE:	ID/PP NUMBER:
	POSITION:
COMPANY/AGENCY:	
VISITOR # <u>018</u>	
DATE OF BIRTH:	PLACE OF BIRTH:
SECURITY CLEARANCE:	ID/PP NUMBER:
	DOCITION.
	POSITION:
VISITOR #019	
NAME:	
DATE OF BIRTH:	PLACE OF BIRTH:
SECURITY CLEARANCE:	ID/PP NUMBER:
NATIONALITY:	POSITION
COMPANY/AGENCY:	
VISITOR #020	
SSN:	
NAME:	PLACE OF BIRTH:
SECURITY CLEARANCE:	ID/PP NUMBER:
	POSITION:
COMPANY/AGENCY: VISITOR #021	
DATE OF BIRTH:	PLACE OF BIRTH:
SECURITY CLEARANCE:	ID/PP NUMBER:
NATIONALITY:	POSITION:
COMPANY/AGENCY:	
VISITOR # <u>022</u>	
SSN:	
NAME:	DI ACE OF DIDTH.
	PLACE OF BIRTH:
	ID/PP NUMBER:
	POSITION:
COMPANY/AGENCY:	
VISITOR # <u>023</u>	
SSN:	
NAME:	PLACE OF BIRTH:
	ID/PP NUMBER:
	POSITION:
COMPANY/AGENCY:	

REQUEST FOR VISIT (RFV)

VISIT ID NO: _____

REFERENCE RFV - FORMAT, PARA 9

VISITOR # <u>024</u>	
SSN:	
NAME:	
DATE OF BIRTH:	PLACE OF BIRTH:
SECURITY CLEARANCE:	ID/PP NUMBER:
	POSITION:
COMPANY/AGENCY:	
VISITOR # <u>025</u>	
DATE OF BIRTH:	PLACE OF BIRTH:
SECURITY CLEARANCE:	ID/PP NUMBER:
	POSITION:
COMPANY/ACENCY	
VISITOR #026	
SSN:	
NAME:	N. I GE OF DYDWY
DATE OF BIRTH:	PLACE OF BIRTH:
SECURITY CLEARANCE:	ID/PP NUMBER:
GOVED ANTILL GENERAL	POSITION
VISITOR # <u>027</u>	
	PLACE OF BIRTH:
	ID/PP NUMBER:
	POSITION:
COMPANY/AGENCY:	
VISITOR # <u>028</u>	
NAME:	PLACE OF BIRTH:
	PLACE OF BIRTH: ID/PP NUMBER:
	POSITION:
VISITOR # <u>029</u>	
NAMF:	
DATE OF BIRTH:	PLACE OF BIRTH:
	ID/PP NUMBER:
	POSITION:
COMPANY/AGENCY:	
VISITOR # <u>030</u>	
SSN:	
NAME:	DI ACE OF DIDTH
	PLACE OF BIRTH:
	ID/PP NUMBER:
	POSITION:
COMPANY/AGENCY:	