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

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| **REQUEST FOR VISIT**  **TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***(Country/international organisation name)*** | | | | |
| **1. TYPE OF VISIT REQUEST** | **2. TYPE OF INFORMATION/ MATERIAL OR SITE ACCESS** | | | **3. SUMMARY** |
| One-time  Recurring  Emergency  Amendment  Dates  Visitors  Agency/Facility  For an amendment, insert the NSA/DSA original RFV Reference No.\_\_\_\_\_\_\_\_\_\_\_\_\_ | CONFIDENTIAL or above  Access to security areas without access to classified information/ material | | | No. of sites: \_\_\_\_\_\_\_  No. of visitors: \_\_\_\_\_ |
| *Only if required by the laws/regulations of the countries involved*  Unclassified/RESTRICTED | | |
| **4. ADMINISTRATIVE DATA:** | | | | |
| Requestor:  To: | | NSA/DSA RFV Reference No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date *(dd/mm/yyyy)*: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | | |
| **5. REQUESTING GOVERNMENT AGENCY, ORGANISATION OR INDUSTRIAL FACILITY:**  Military Government Industry NATO EU Other  If other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NAME:  POSTAL ADDRESS:  E-MAIL ADDRESS: | | | | |
| FAX NO: TELEPHONE NO: | | | | |
| **6. GOVERNMENT AGENCY(IES), ORGANISATION(S) OR INDUSTRIAL FACILITY(IES) TO BE VISITED - *(Annex 1 to be completed)*** | | | | |
| **7. DATE OF VISIT *(dd/mm/yyyy)***: FROM \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ TO \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | | | | |
| **8. TYPE OF INITIATIVE *(Select one from each column)*:** | | | | |
| Government initiative  Commercial initiative | | | Initiated by requesting agency or facility  By invitation of the facility to be visited | |
| **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)*:** | | | | |

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| **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 SECRET  TOP SECRET Other  If other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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: | |
| **14. CERTIFICATION OF SECURITY CLEARANCE LEVEL:**  NAME:  ADDRESS:  STAMP  TELEPHONE NO:  E-MAIL ADDRESS:  SIGNATURE: DATE *(dd/mm/yyyy)*: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | |
| **15. REQUESTING NATIONAL SECURITY AUTHORITY / DESIGNATED SECURITY AUTHORITY:**  NAME:  ADDRESS:  STAMP  TELEPHONE NO:  E-MAIL ADDRESS:  SIGNATURE: DATE *(dd/mm/yyyy)*: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | |
| **16. REMARKS *(Mandatory justification required in case of an emergency visit)*:** | |

**ANNEX 1 to** **RFV FORM**

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| **GOVERNMENT AGENCY(IES), ORGANISATION(S) OR INDUSTRIAL FACILITY(IES) TO BE VISITED** |
| 1. Military Government Industry NATO EU Other    If other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    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: |
| 2. Military Government Industry NATO EU Other    If other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    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: |

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| 3. Military Government Industry NATO EU Other    If other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    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: |
| 4. Military Government Industry NATO EU Other    If other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    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:  ***(Continue as required)*** |

**ANNEX 2 to RFV FORM**

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| **PARTICULARS OF VISITOR(S)** |
| 1.  Military Defence Public Servant Government Industry/Embedded Contractor  NATO Employee EU Employee Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  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: |
| 2.  Military Defence Public Servant Government Industry/Embedded Contractor  NATO Employee EU Employee Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  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: |

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| 3.  Military Defence Public Servant Government Industry/Embedded Contractor  NATO Employee EU Employee Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  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: |
| 4.  Military Defence Public Servant Government Industry/Embedded Contractor  NATO Employee EU Employee Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  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:  ***(Continue as required)*** |