

**This form has two separate Annex documents:
Request for Visit Annex 1, (additional facilities)
Request for Visit Annex 2, (additional names)**

DSS/International Division Overseas - Request for Visit Instruction

All foreign visits will be completed on this form and
FAXED TO: 571-305-6010
IF YOU HAVE ANY QUESTIONS CALL: 855-834-0375

Please complete the blocks as follows:

Top of Form: "Request for Visit (RFV)" check the type of visit it is.

One Time = a visit for a single short-term occasion (normally less than 30 days) for a specific purpose.

Recurring = intermittent, recurring visits over a specified period of time, normally up to one year in duration.

Emergency = a visit that does not have adequate lead time but due to the fact that it will adversely impact company business, it must take place. These visits require a letter of necessity from the host. (No more than 30 days duration) (Failure to plan ahead for a visit, does not constitute an emergency.)

Amendment = A visit request is already in existence for people at the same location, for the same purpose, that you need to add names to or delete names from the original request. Never do both (add and delete) on the same request.

Annex(es) = Check yes or no as to either an annex(es) is attached – Annex 1: for additional facilities or Annex 2 : for additional names.

- Item 1:** Pre-filled – DSS International Division, Quantico, Virginia
- Item 2:** Your Company's CAGE Code, Complete Facility Name & Address, Point of Contact, Fax & Telephone Numbers and e-mail Address.
- Item 3:** Complete Name and Address of the facility to be visited with Fax, Phone and Point of Contact information. Attach Annex 1 for multiple locations to be visited by the same people. You may list more than 1 site within the **same** country. Visits to NATO Agencies must be submitted separately and that site should be the only site listed on the request.
- Item 4:** Dates of Visit: Beginning To Ending Dates – This cannot be more than 1 year duration for a normal visit and no longer than 30 days for an emergency visit. (The dates used on emergency visits should be the exact dates of visit, but can be no longer than 30 days.)
- **Format for dates should be as follows Day Month Year (e.g. 05 May 2013) Spell Out The Month**
- Item 5:** Check the applicable Type(s) of Visit. There are two columns in this block. Check one choice in each column.
- Column 1: Government initiative is any event with US or foreign government involvement.
 - Column 2: Commercial initiative has no government sponsorship, strictly a business/commercial effort.
- Item 6:** Provide complete description of "Subject to be discussed." Give details. Descriptions such as "technical discussions or technical interchange meeting" are not sufficient details.

- Item 7:** Provide level of material to be discussed: Top Secret, Secret, Confidential, U.K. Restricted (for U.K. visits only) and Unclassified.
- **Be sure to put the level and the country of the classified info. Example: U.K. Secret. If U.S. classified is involved, you must include the export license number in item 8.**
 - If an export license is required be sure that the level you list here is the same level as that authorized on the export license.
 - Never submit a request for the U.K. with the level as unclassified or restricted unless the visitor will be there for more than 30 days at one time. (if the visitor will be there for more than 30 days at one time, be sure to mark the top of the request in big letter **“EXTENDED VISIT”**.) The MOD does not process these and the site they are going to will not have the clearance passed to them.
- Item 8:** Check each block as applicable and specify details on corresponding lines.
- Specific equipment – (example: Mouse Pad I)
 - FMS or export license – (example: FMS case # or MLA-... TAA-...)
(The export license must be to the level specified in Item 7. (Provide export license number when disclosing U.S. classified or unclassified technical data on the U.S. Munitions List.)
 - Program or agreement – (example: Mouse Pad Buy II Commercial)
 - Def. Acquisition Process – (example: Defense Personnel Exchange Program)
 - Other – (example: Contract #Mouse007)
 -
- Item 9:** Complete each visitor’s information:
- SSN: Must provide the SSN number.
- NAME: Visitors last name first, followed by the first name and middle initial (EXAMPLE: Doe, John C.)
- DATE OF BIRTH: Dates must be in day, month, and year order – (example: 04 April 1999.) **Spell Out the Month.**
- PLACE OF BIRTH: city, state (and country if not in the U.S.)
- SECURITY CLEARANCE: Visitor’s level of clearance as stated on the **Letter of Consent.**
- ID/PP NUMBER: Passport information must be current. If the passport application is in process, place the words “pending” in the box instead of the passport number. **Be Sure To Include PP#.**
- Nationality : Country of Citizenship
- POSITION: Must provide visitors position title.
- Company/Agency : Visitor’s employer

Use Annex 2 to add additional visitors and their information.

Item 10: Security Officers name of facility submitting the request and Telephone number.

Items 11-12: Will be digitally signed by DSS HQ International Division

Item 13: Remarks: **NATO Briefing**

Visitors to NATO sites must have been received a NATO briefing not earlier than one year prior to the visit.

Hints

BLOCK #1 on Visit Request Form :

Visit ID: *1 – The Visit Id # must start with the company's cage code. The company may assign a Visit Id # of their choosing following the cage code .

Amendment: *2 – This area is used when the company is amending a visit request previously submitted. They need to use the same visit id # that was on the original request they are amending. If this is the first time they have amended this request, then it would be amendment #1, if it is the second time they have amended this request it would be amendment #2, and so on. (Amendments can be used to add or delete visitors to an existing visit request.) The advantage to amending a visit request is shorter processing time. Be sure to check one - whether you are adding or deleting visitor(s).

A. An amendment should be completed (and look) exactly like the original request with a couple of exceptions:

In Block #1-Visit Id #

1. The original Visit Id # will be used and Amendment # will be added in the space below the Visit Id # marked "Amendment".

Example: Visit Id: 12345-01-6789
Amendment: 1

In Block #4

2. The dates will remain the same as on the original visit request.

In Block #9

3. The only visitors to be listed will be the visitors to be added or deleted. Do not include any visitors that were on the original visit request form.

BLOCK #3:

Government Agency or Industrial Facility to be Visited: *3 – the Annex 1 sheet may be used to list more than one site to be visited, IF the sites are all in the same country. For example 10 sites within United Kingdom. (this sheet may be duplicated if there are more than 7 locations). If the request is for a NATO facility, then that site is the only location which can be listed on the request. We send NATO visits directly to the NATO location, so there cannot be other sites listed on these requests.

BLOCK #4:

Date of Visit: *4 – Dates should be in Day, Month (spelled out), Year order (example: 04 March 2001). Some countries will read a date given as 03/04/2001 as march 4, 2001 and others will read it as april 3, 2001. spelling out the month will avoid this confusion and leave no doubt to the intended date of visit.

BLOCK #7:

Anticipated Level of Classified Information to be Involved: *5 – Do not send any visit request going to the United Kingdom with "Unclassified" or "U.K. Restricted" as the level to be involved unless the visitor will be there for more than 30 days at one time. (then you must mark the top of the request "EXTENDED VISIT"). the mod (IVCO) in the United Kingdom will not process any request marked with either. If the visitors will be going into a classified area and that is the reason for passing their clearance, then the level of classification for the area they will be in should be put in this block. (Example: If the area is classified as SECRET, then notate "SECRET" in this space.

Also ensure to include the classification level and the country of the Classified Information involved in item #7. If U.S. Classified is involved, ensure to put the export license number in item #8.

BLOCK #9:

Particulars of Visitors: *6 – Visitor’s name should be listed as: Last, First, Middle Initial (Must include middle initial unless visitor has no middle name). “Name” will be verified as the name which is indicated in our system. This would be the name listed on their Letter of Consent (LOC). If the Visitor’s name has been changed or is incorrect on the LOC, the FSO must submit a 562 to DSS International Division to correct our system. We will continue to verify the visitor's name as it appears in our system until the correction has been made.

Date of Birth: *7 – Month should be spelled out in the date as well. (see hint #4)

General Hints

ITALY

All Amendments going to Italy should have a new start date – the first day they will be there (be sure to allow time for processing). Italy is the only country that does not want the original beginning date on the amendments. We still need to use the same ending date that is on the original request.

INFORMATIONAL COPY

DSS International Division will fax an “Informational Copy “ to the contractor after processing the request overseas. This is simply to notify the contractor that DSS International Division has processed the request through appropriate channels for approval. The copy does not mean that the visit has been approved. That is the function of the foreign government or NATO agency. If the company has not received official notification prior to the visitor’s departure, they should contact the point of contact listed on the visit request form in item #3 to confirm approval before making travel arrangements.

SAMPLE FORM STARTING NEXT PAGE

REQUEST FOR VISIT (RFV)

UNCLASSIFIED

ANNEX(ES)

ONE-TIME
RECURRING

EMERGENCY
AMENDMENT

Choose One of the 4 boxes to the left.

YES
 NO

ADMINISTRATIVE DATA

1. REQUESTOR: **DSS International Division, Quantico, Virginia**
DATE: DATE SENT TO DSS International Division
VISIT ID: SEE HINT SHEET - *1
AMENDMENT: SEE HINT SHEET - *2

REQUESTING GOVERNMENT AGENCY OR INDUSTRIAL FACILITY

2. CAGE CODE: **Your Company's Cage Code Here, for Example (12345)**
NAME: **Your Company's Name Here, for Example (ABC corp.)**
POSTAL ADDRESS: **Your Company's Street Address Here – for example (123 abc street)**
CITY: **Company's City (Laurel)** STATE: **(MD)** ZIP CODE: **(12345-1234)**
FAX NO.: **Fax # of Company's Visit Contact** TELEPHONE NO.: **Phone # of Company's Visit Contact**
POINT OF CONTACT: **Company's Visit Person** e-mail: **Company's Visit Person E-mail**

GOVERNMENT AGENCY OR INDUSTRIAL FACILITY TO BE VISITED

3. COUNTRY: **Country to be Visited - See Hint Sheet-*3**
NAME: **Name of Company or Site to be Visited**
POSTAL ADDRESS: **Complete Address of Site to be Visited**
FAX NO.: **Fax # of POC at this site** TEL.NO.: **Phone # of POC at this site**
POINT OF CONTACT: **Name of Point of Contact at this Site**

4. DATE OF VISIT: **State Date** TO **Ending Date of Visit**
***4 – See Hint Sheet of Visit**

5. TYPE OF VISIT: **SELECT ONE FROM EACH COLUMN – THERE SHOULD BE 2 BOXES CHECKED HERE**

GOVERNMENT INITIATIVE INITIATED BY REQUESTING AGENCY OR FACILITY
 COMMERCIAL INITIATIVE BY INVITATION OF THE FACILITY TO BE VISITED

6. SUBJECT TO BE DISCUSSED: **Provide Complete Description of Subject to be Discussed. Give Details**

7. ANTICIPATED LEVEL OF CLASSIFIED INFORMATION TO BE INVOLVED: **CHOOSE: UNCLASSIFIED, U.K. RESTRICTED (FOR U.K. VISITS ONLY), CONFIDENTIAL, SECRET OR TOP SECRET - SEE HINT SHEET -*5**
BE SURE TO PUT THE LEVEL & THE COUNTRY OF CLASSIFIED. EXAMPLE: U.K. SECRET – IF U.S. CLASSIFIED INCLUDE EXPORT LICENSE NUMBER IN ITEM #8 BELOW.

8. IS THE VISIT PERTINENT TO:
- | | |
|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> A SPECIFIC EQUIPMENT OR WEAPON SYSTEM | SPECIFY Mark the item that applies in the left column. Use this area for system names, Program names, Contract #s, Etc. Be sure to include Export License number if any U.S. Classified Information is involved. |
| <input type="checkbox"/> FOREIGN MILITARY SALES OR EXPORT LICENSE | |
| <input type="checkbox"/> A PROGRAMME OR AGREEMENT | |
| <input type="checkbox"/> A DEFENSE ACQUISITION PROCESS | |
| <input type="checkbox"/> OTHER | |

9. PARTICULARS OF VISITORS **Put Visitors Info in this Area – Be Sure to Include Passport #**

VISITOR #001:	
SSN: SSN Number	
NAME: See hint sheet-*6	
DATE OF BIRTH: See hint sheet-*7	PLACE OF BIRTH: CITY & STATE (COUNTRY IF NOT U.S.)
SECURITY CLEARANCE: Level of clearance	ID/PP NUMBER: PASSPORT NUMBER GOES HERE
NATIONALITY: Citizenship	POSITION: JOB TITLE OR POSITION
COMPANY/AGENCY: Company name visitor works for; see hint sheet-*8	
VISITOR #002:	
SSN:	
NAME:	
DATE OF BIRTH:	PLACE OF BIRTH:
SECURITY CLEARANCE:	ID/PP NUMBER:
NATIONALITY:	POSITION:
COMPANY/AGENCY:	

10. THE SECURITY OFFICER OF THE REQUESTING GOVERNMENT AGENCY OR INDUSTRIAL FACILITY

FSO'S NAME AND NUMBERS GO IN THIS AREA

NAME:

TELEPHONE NO:

FAX NO:

11. CERTIFICATION OF SECURITY CLEARANCE

IF YOU ARE GENERATING YOUR OWN FORM, PLEASE ENSURE THE INFORMATION BELOW IS INCLUDED; OTHERWISE, LEAVE THIS AREA BLANK AS IT WILL BE SIGNED DIGITALLY BY DSS

NAME: Defense Security Service, Industrial Policy & Programs, International Division

ADDRESS Attn: Chief, International Division

: 27130 Telegraph Road,
Quantico, VA 22134
Email: iab@dss.mil

TELEPHONE NO: 855-834-0375

FAX NO: 571-305-6010

12. REQUESTING NATIONAL SECURITY AUTHORITY

IF YOU ARE GENERATING YOUR OWN FORM, PLEASE ENSURE THE INFORMATION BELOW IS INCLUDED; OTHERWISE, LEAVE THIS AREA BLANK AS IT WILL BE SIGNED DIGITALLY BY DSS

NAME: Defense Security Service, Industrial Policy & Programs, International Division

ADDRESS Attn: Chief, International Division

: 27130 Telegraph Road,
Quantico, VA 22134
Email: iab@dss.mil

TELEPHONE NO: 855-834-0375

FAX NO: 571-305-6010

13. REMARKS

ANY REMARKS GOES IN THIS AREA. IF THIS IS A NATO VISIT OR THE VISITORS ARE GOING TO A NATO SITE – BE SURE TO STATE IF THE VISITOR(S) HAVE BEEN NATO BRIEFED. THIS INFO IS A MUST ON NATO VISITS.

REQUEST FOR VISIT (RFV)

REFERENCE RFV - FORMAT, PARA 3

VISIT ID NO:

ANNEX 1
TO RFV FORMAT

GOVERNMENT AGENCY OR INDUSTRIAL FACILITY TO BE VISITED

1. NAME: **THIS PAGE CAN BE USED FOR EXTRA SITES TO BE VISITED**
 ADDRESS:
 TEL NO.:
 FAX:
POINT OF CONTACT:

2. NAME:
 ADDRESS:
 TEL NO.:
 FAX:
POINT OF CONTACT:

3. NAME:
 ADDRESS:
 TEL NO.:
 FAX:
POINT OF CONTACT:

4. NAME:
 ADDRESS:
 TEL NO.:
 FAX:
POINT OF CONTACT:

5. NAME:
 ADDRESS:
 TEL NO.:
 FAX:
POINT OF CONTACT:

6. NAME:
 ADDRESS:
 TEL NO.:
 FAX:
POINT OF CONTACT:

REQUEST FOR VISIT (RFV)

REFERENCE RFV - FORMAT, PARA 9

VISIT ID NO:

ANNEX 2

TO RFV FORMAT

VISITOR #003: THE NEXT TWO PAGES CAN BE USED FOR EXTRA VISITORS IF MORE THAN TWO VISITORS ARE GOING ON THE TRIP.

NAME:

DATE OF BIRTH:

SECURITY CLEARANCE:

NATIONALITY:

COMPANY/AGENCY:

PLACE OF BIRTH:

ID/PP NUMBER:

POSITION:

VISITOR #004:

SSN:

NAME:

DATE OF BIRTH:

SECURITY CLEARANCE:

NATIONALITY:

COMPANY/AGENCY:

PLACE OF BIRTH:

ID/PP NUMBER:

POSITION:

VISITOR #005:

SSN:

NAME:

DATE OF BIRTH:

SECURITY CLEARANCE:

NATIONALITY:

COMPANY/AGENCY:

PLACE OF BIRTH:

ID/PP NUMBER:

POSITION:

VISITOR #006:

SSN:

NAME:

DATE OF BIRTH:

SECURITY CLEARANCE:

NATIONALITY:

COMPANY/AGENCY:

PLACE OF BIRTH:

ID/PP NUMBER:

POSITION:

VISITOR #007:

SSN:

NAME:

DATE OF BIRTH:

SECURITY CLEARANCE:

NATIONALITY:

COMPANY/AGENCY:

PLACE OF BIRTH:

ID/PP NUMBER:

POSITION:

VISITOR #008:

SSN:

NAME:

DATE OF BIRTH:

SECURITY CLEARANCE:

NATIONALITY:

COMPANY/AGENCY:

PLACE OF BIRTH:

ID/PP NUMBER:

POSITION:

VISITOR #009:

SSN:

NAME:

DATE OF BIRTH:

SECURITY CLEARANCE:

NATIONALITY:

COMPANY/AGENCY:

PLACE OF BIRTH:

ID/PP NUMBER:

POSITION:

REQUEST FOR VISIT (RFV)

REFERENCE RFV - FORMAT, PARA 9

VISIT ID NO:

ANNEX 2

TO RFV FORMAT

VISITOR #010:

SSN:

NAME:

DATE OF BIRTH:

SECURITY CLEARANCE:

NATIONALITY:

COMPANY/AGENCY:

PLACE OF BIRTH:

ID/PP NUMBER:

POSITION:

VISITOR #011:

SSN:

NAME:

DATE OF BIRTH:

SECURITY CLEARANCE:

NATIONALITY:

COMPANY/AGENCY:

PLACE OF BIRTH:

ID/PP NUMBER:

POSITION:

VISITOR #012:

SSN:

NAME:

DATE OF BIRTH:

SECURITY CLEARANCE:

NATIONALITY:

COMPANY/AGENCY:

PLACE OF BIRTH:

ID/PP NUMBER:

POSITION:

VISITOR #013:

SSN:

NAME:

DATE OF BIRTH:

SECURITY CLEARANCE:

NATIONALITY:

COMPANY/AGENCY:

PLACE OF BIRTH:

ID/PP NUMBER:

POSITION:

VISITOR #014:

SSN:

NAME:

DATE OF BIRTH:

SECURITY CLEARANCE:

NATIONALITY:

COMPANY/AGENCY:

PLACE OF BIRTH:

ID/PP NUMBER:

POSITION:

VISITOR #015:

SSN:

NAME:

DATE OF BIRTH:

SECURITY CLEARANCE:

NATIONALITY:

COMPANY/AGENCY:

PLACE OF BIRTH:

ID/PP NUMBER:

POSITION:

VISITOR #016:

SSN:

NAME:

DATE OF BIRTH:

SECURITY CLEARANCE:

NATIONALITY:

COMPANY/AGENCY:

PLACE OF BIRTH:

ID/PP NUMBER:

POSITION: