

INSTRUCTIONS FOR CANADIAN REQUEST FOR VISIT (RFV) FORM

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

A. GENERAL INSTRUCTIONS

1. DSS requires five (5) business days as lead time for processing RFV requests, and Canada requires an *additional* thirty (30) calendar days to review for approval.
2. Dates must be entered using the following format: yyyy-mm-dd. For example, a date of November 6, 1951 would appear as 1951-11-06.
3. Duration of a visit may not be longer than one year, less a day.
4. Telephone numbers are entered without spaces, dashes or slashes. For example, the number (819) 956-5555 would be entered as 8199565555.

B. SPECIFIC INSTRUCTIONS

- Top of Form Mark ONE box which best describes the type of visit – One-Time, Recurring, etc.
 Advise if Attachments are included – Mark appropriate box YES or NO.
 (Attachments 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 *Attachment*). Ensure complete Point of Contact information is provided.
- Block 4 Dates must be entered using the following format: yyyy-mm-dd.
- Block 5 TWO selections are required. One from left and one from right column.
- Block 6 Explain the Subject to be Discussed/Justification/Purpose/Work to be completed.
- Block 7 Indicate classification level of visit – Confidential, Secret, Top Secret, or Classified Site.
- Block 8 Cite the current Contract Number/Project/Program Name.
- Block 9 Include each visitor's Social Security Number OR DoD EDI PI (Electronic Data Interchange Personal Identifier) number after each name, so DSS can confirm clearance status.
- If the space allotted in block 9 cannot accommodate the number of intended visitors:
1. Scroll down to page 4 (referred to as *Attachment*).
 2. Include additional visitors as needed.
- Block 10 Must be signed or form will be rejected.
- Block 11 For Government Use Only.
- Block 12 For Government Use Only.

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



REQUEST FOR VISIT

All fields must be completed:

One -Time Recurring Emergency Addition Deletion Re-submission

Attachments
<input type="radio"/> Yes <input type="radio"/> No

1. Administrative Data		
Requestor: _____	Date: (yyyy-mm-dd) _____	
To: _____	Renewal of Visit No.: _____	
2. Requesting Government Organization or Industrial Facility		
Name: _____		
Address: _____ _____		
Fax No.: _____	Telephone No.: _____	
3. Government Organization or Industrial Facility to be Visited		
Name: _____		
Address: _____ _____		
Fax No.: _____	Telephone No.: _____	
Point of Contact & Section/Branch (mandatory): _____		
<input type="radio"/> Military Site	<input type="radio"/> Not Applicable	<input type="radio"/> Army
		<input type="radio"/> Navy
		<input type="radio"/> Air Force
		<input type="radio"/> DIA
4. Dates of Visit (yyyy-mm-dd)		
From: _____		To: _____
5. Type of Visit (select one from each column):		
<input type="radio"/> Government Initiative	<input type="radio"/> Initiated by Requesting Agency of Facility	
<input type="radio"/> Commercial Initiative	<input type="radio"/> By Invitation of the Facility to be Visited	
6. Subject to be Discussed / Justification / Purpose / Work to be Completed:		
7. Anticipated Level of Classified Information to be Involved (mandatory):		
8. Is the Visit Pertinent to:		
	(√)	Specify Contract No. / Project / Program
Specific equipment or a weapons system	<input type="checkbox"/>	
A foreign military sales or export license	<input type="checkbox"/>	
A program or agreement	<input type="checkbox"/>	
A defence acquisition process	<input type="checkbox"/>	
Other	<input type="checkbox"/>	



9. Particulars of Visitors

Name:	_____		
Date of Birth:	_____	Place of Birth:	_____
Security Clearance:	_____	ID/Passport No.:	_____ Nationality: _____
Position:	_____		
Company:	_____		
Name:	_____		
Date of Birth:	_____	Place of Birth:	_____
Security Clearance:	_____	ID/Passport No.:	_____ Nationality: _____
Position:	_____		
Company:	_____		

10. The Security Officer of the Requesting Organization or Industrial Facility

Name: _____ Telephone: _____
Signature: _____

<p>11. <u>For Government Use Only</u></p> <p>Name: _____</p> <p>Address: _____</p> <p>Telephone: _____</p> <p>Signature: _____</p>	<p>Stamp</p> <div style="border: 1px solid black; width: 60px; height: 60px; margin: 0 auto;"></div> <p>(Optional)</p>
<p>12. Requesting National Security Authority</p> <p>Name: _____</p> <p>Address: _____</p> <p>Telephone: _____</p> <p>Signature: _____</p>	<p>Stamp</p> <div style="border: 1px solid black; width: 60px; height: 60px; margin: 0 auto;"></div> <p>(Optional)</p>

13. Remarks



Government Organization or Industrial Facility to be Visited

1.	Name:	_____	
	Address:	_____	

	Fax No.:	_____	Telephone No.: _____
	Point of Contact:	_____	Telephone No.: _____
2.	Name:	_____	
	Address:	_____	

	Fax No.:	_____	Telephone No.: _____
	Point of Contact:	_____	Telephone No.: _____
3.	Name:	_____	
	Address:	_____	

	Fax No.:	_____	Telephone No.: _____
	Point of Contact:	_____	Telephone No.: _____
4.	Name:	_____	
	Address:	_____	

	Fax No.:	_____	Telephone No.: _____
	Point of Contact:	_____	Telephone No.: _____
5.	Name:	_____	
	Address:	_____	

	Fax No.:	_____	Telephone No.: _____
	Point of Contact:	_____	Telephone No.: _____
6.	Name:	_____	
	Address:	_____	

	Fax No.:	_____	Telephone No.: _____
	Point of Contact:	_____	Telephone No.: _____
7.	Name:	_____	
	Address:	_____	

	Fax No.:	_____	Telephone No.: _____
	Point of Contact:	_____	Telephone No.: _____

(Continue as required)



Particulars of Visitors (alphabetical order by surname)

1.	Name:	_____
	Date of Birth:	_____ Place of Birth: _____
	Security Clearance:	_____ ID/Passport No.: _____ Nationality: _____
	Position:	_____
	Company:	_____
2.	Name:	_____
	Date of Birth:	_____ Place of Birth: _____
	Security Clearance:	_____ ID/Passport No.: _____ Nationality: _____
	Position:	_____
	Company:	_____
3.	Name:	_____
	Date of Birth:	_____ Place of Birth: _____
	Security Clearance:	_____ ID/Passport No.: _____ Nationality: _____
	Position:	_____
	Company:	_____
4.	Name:	_____
	Date of Birth:	_____ Place of Birth: _____
	Security Clearance:	_____ ID/Passport No.: _____ Nationality: _____
	Position:	_____
	Company:	_____
5.	Name:	_____
	Date of Birth:	_____ Place of Birth: _____
	Security Clearance:	_____ ID/Passport No.: _____ Nationality: _____
	Position:	_____
	Company:	_____
6.	Name:	_____
	Date of Birth:	_____ Place of Birth: _____
	Security Clearance:	_____ ID/Passport No.: _____ Nationality: _____
	Position:	_____
	Company:	_____
7.	Name:	_____
	Date of Birth:	_____ Place of Birth: _____
	Security Clearance:	_____ ID/Passport No.: _____ Nationality: _____
	Position:	_____
	Company:	_____

(Continue as required)