

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) business 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 Form Mark ONE box which best describes the type of visit – One-Time, Recurring, etc.
Advise if Annexes are included – Mark appropriate box YES or 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 Contract Number/Project/Program Name 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.**

ADMINISTRATIVE DATA

1. **REQUESTOR:** Defense Security Service DATE: _____
 International Division, Quantico, VA VISIT ID: _____
 AMENDMENT: _____

REQUESTING GOVERNMENT AGENCY OR INDUSTRIAL FACILITY

2. CAGE CODE: _____
 NAME: _____
 POSTAL ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 FAX NO.: _____ TELEPHONE NO.: _____
 POINT OF CONTACT: _____ EMAIL: _____

GOVERNMENT AGENCY OR INDUSTRIAL FACILITY TO BE VISITED

3. COUNTRY: _____
 NAME: _____
 POSTAL ADDRESS: _____

 FAX NO.: _____ TEL. NO.: _____
 POINT OF CONTACT: _____ EMAIL: _____

4. **DATES OF VISIT:** _____ **TO** _____

5. **TYPE OF VISIT:** SELECT ONE FROM EACH COLUMN

6. **SUBJECT TO BE DISCUSSED:**

7. **ANTICIPATED LEVEL OF CLASSIFIED INFORMATION TO BE INVOLVED:** _____

8. **IS THE VISIT PERTINENT TO:** **SPECIFY**

A SPECIFIC EQUIPMENT OR WEAPON SYSTEM _____
 FOREIGN MILITARY SALES OR EXPORT LICENSE _____
 A PROGRAMME OR AGREEMENT _____
 A DEFENSE ACQUISITION PROCESS _____
 OTHER _____

9. PARTICULARS OF VISITORS

VISITOR #001
 SSN: _____
 NAME: _____
 DATE OF BIRTH: _____ PLACE OF BIRTH: _____
 SECURITY CLEARANCE: _____ ID/PP NUMBER: _____
 NATIONALITY: _____ POSITION: _____
 COMPANY/AGENCY: _____

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
(MUST BE SIGNED BY A SECURITY OFFICER OR FSO, OTHERWISE THE FORM IS INVALID)

NAME: _____

SIGNATURE: _____

TELEPHONE NO: _____

FAX NO: _____

11. CERTIFICATION OF SECURITY CLEARANCE

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

12. 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

13. REMARKS

GOVERNMENT 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: _____
ADDRESS: _____
TEL NO.: _____
FAX: _____
POINT OF CONTACT: _____ EMAIL: _____

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

7. NAME: _____
ADDRESS: _____
TEL NO.: _____
FAX: _____
POINT OF CONTACT: _____ EMAIL: _____

REQUEST FOR VISIT (RFV)

VISIT ID NO: _____

REFERENCE RFV - FORMAT, PARA 9

ANNEX 2 TO RFV FORMAT

VISITOR #003

SSN: _____

NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____

ID/PP NUMBER: _____

NATIONALITY: _____

POSITION: _____

COMPANY/AGENCY: _____

VISITOR #004

SSN: _____

NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____

ID/PP NUMBER: _____

NATIONALITY: _____

POSITION: _____

COMPANY/AGENCY: _____

VISITOR #005

SSN: _____

NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____

ID/PP NUMBER: _____

NATIONALITY: _____

POSITION: _____

COMPANY/AGENCY: _____

VISITOR #006

SSN: _____

NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____

ID/PP NUMBER: _____

NATIONALITY: _____

POSITION: _____

COMPANY/AGENCY: _____

VISITOR #007

SSN: _____

NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____

ID/PP NUMBER: _____

NATIONALITY: _____

POSITION: _____

COMPANY/AGENCY: _____

VISITOR #008

SSN: _____

NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____

ID/PP NUMBER: _____

NATIONALITY: _____

POSITION: _____

COMPANY/AGENCY: _____

VISITOR #009

SSN: _____

NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____

ID/PP NUMBER: _____

NATIONALITY: _____

POSITION: _____

COMPANY/AGENCY: _____

REQUEST FOR VISIT (RFV)

VISIT ID NO: _____

REFERENCE RFV - FORMAT, PARA 9

ANNEX 2 TO RFV FORMAT

VISITOR #010

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ ID/PP NUMBER: _____

NATIONALITY: _____ POSITION: _____

COMPANY/AGENCY: _____

VISITOR #011

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ ID/PP NUMBER: _____

NATIONALITY: _____ POSITION: _____

COMPANY/AGENCY: _____

VISITOR #012

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ ID/PP NUMBER: _____

NATIONALITY: _____ POSITION: _____

COMPANY/AGENCY: _____

VISITOR #013

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ ID/PP NUMBER: _____

NATIONALITY: _____ POSITION: _____

COMPANY/AGENCY: _____

VISITOR #014

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ ID/PP NUMBER: _____

NATIONALITY: _____ POSITION: _____

COMPANY/AGENCY: _____

VISITOR #015

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ ID/PP NUMBER: _____

NATIONALITY: _____ POSITION: _____

COMPANY/AGENCY: _____

VISITOR #016

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ ID/PP NUMBER: _____

NATIONALITY: _____ POSITION: _____

COMPANY/AGENCY: _____

REQUEST FOR VISIT (RFV)

VISIT ID NO: _____

REFERENCE RFV - FORMAT, PARA 9

ANNEX 2 TO RFV FORMAT

VISITOR #017

SSN: _____

NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____

ID/PP NUMBER: _____

NATIONALITY: _____

POSITION: _____

COMPANY/AGENCY: _____

VISITOR #018

SSN: _____

NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____

ID/PP NUMBER: _____

NATIONALITY: _____

POSITION: _____

COMPANY/AGENCY: _____

VISITOR #019

SSN: _____

NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____

ID/PP NUMBER: _____

NATIONALITY: _____

POSITION: _____

COMPANY/AGENCY: _____

VISITOR #020

SSN: _____

NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____

ID/PP NUMBER: _____

NATIONALITY: _____

POSITION: _____

COMPANY/AGENCY: _____

VISITOR #021

SSN: _____

NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____

ID/PP NUMBER: _____

NATIONALITY: _____

POSITION: _____

COMPANY/AGENCY: _____

VISITOR #022

SSN: _____

NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____

ID/PP NUMBER: _____

NATIONALITY: _____

POSITION: _____

COMPANY/AGENCY: _____

VISITOR #023

SSN: _____

NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____

ID/PP NUMBER: _____

NATIONALITY: _____

POSITION: _____

COMPANY/AGENCY: _____

REQUEST FOR VISIT (RFV)

VISIT ID NO: _____

REFERENCE RFV - FORMAT, PARA 9

ANNEX 2 TO RFV FORMAT

VISITOR #024

SSN: _____

NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____

ID/PP NUMBER: _____

NATIONALITY: _____

POSITION: _____

COMPANY/AGENCY: _____

VISITOR #025

SSN: _____

NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____

ID/PP NUMBER: _____

NATIONALITY: _____

POSITION: _____

COMPANY/AGENCY: _____

VISITOR #026

SSN: _____

NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____

ID/PP NUMBER: _____

NATIONALITY: _____

POSITION: _____

COMPANY/AGENCY: _____

VISITOR #027

SSN: _____

NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____

ID/PP NUMBER: _____

NATIONALITY: _____

POSITION: _____

COMPANY/AGENCY: _____

VISITOR #028

SSN: _____

NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____

ID/PP NUMBER: _____

NATIONALITY: _____

POSITION: _____

COMPANY/AGENCY: _____

VISITOR #029

SSN: _____

NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____

ID/PP NUMBER: _____

NATIONALITY: _____

POSITION: _____

COMPANY/AGENCY: _____

VISITOR #030

SSN: _____

NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____

ID/PP NUMBER: _____

NATIONALITY: _____

POSITION: _____

COMPANY/AGENCY: _____