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| () One-Time  () Recurring  () Extended  () Emergency | REQUEST FOR VISIT | | | | Annex(es)  () Yes:  () No |
| ADMINISTRATIVE DATA   1. REQUESTER : Royal Danish Embassy   TO ARMY  NAVY  AIRFORCE  DIA | | | | DATE:  VISIT ID: | |
| REQUESTING GOVERNMENT AGENCY OR INDUSTRIAL FACILITY | | | | | |
| 1. NAME :   POSTAL ADDRESS :  TELEX/FAX NR. : | | TELEPHONE NR. : | | | |
| GOVERNMENT AGENCY OR FACILITY TO BE VISITED | | | | | |
| 1. NAME:   POSTAL ADDRESS:  TELEX/FAX NR. :  POINTS OF CONTACT:  EMAIL ADDRESS OF POC: | | TELEPHONE NR.: | | | |
| 1. DATES OF VISIT:       TO:       (       TO:      ) | | | | | |
| 1. TYPE OF VISIT: (SELECT ONE FROM EACH COLUMN)   () GOVERNMENT () INITIATED BY REQUESTING AGENCY OR FACILITY  () COMMERCIAL INITIATIVE () BY INVITATION OF THE FACILITY TO BE VISITED | | | | | |
| 1. SUBJECT TO BE DISCUSSED/JUSTIFICATION | | | | | |
| 1. ANTICIPATED LEVEL OF CLASSIFIED INFORMATION TO BE INVOLVED: | | | | | |
| 1. IS THE VISIT PERTINENT TO:   A SPECIFIC EQUIPMENT OR WEAPON SYSTEM  FOREIGN MILITARY SALES OR EXPORT LICENSE  A PROGRAM OR AGREEMENT  A DEFENSE ACQUISITION PROCESS  OTHER | | | SPECIFY:  (Y)  ()  ()  ()  ()  () | | |
| 1. PARTICULARS OF VISITORS | | | | | |
| NAME :  DATE OF BIRTH:  SECURITY CLEARANCE:  NATIONALITY :  POSITION:  COMPANY/AGENCY:  NAME:  DATE OF BIRTH:  SECURITY CLEARANCE:  ID/PP NUMBER:  NATIONALITY:  POSITION:  COMPANY/AGENCY: | | PLACE OF BIRTH:  ID/PP NUMBER:                PLACE OF BIRTH: | | | |

REQUEST FOR VISIT (CONTINUATION)

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| VISIT ID NUMBER: | | | | | |
| 1. THE SECURITY OFFICER OF THE REQUESTING GOVERNMENT AGENCY OG INDUSTRIAL FACILITY: | | | | | |
| NAME:  SIGNATURE: | | | TELEPHONE no.: | | |
| 1. CERTIFICATION OF SECURITY CLEARANCE: | | | | | |
| STAMP  (OPTIONAL)  NAME:  ADDRESS:  TELEPHONE:  SIGNATURE: | | |  | | |
| 1. REQUESTING NATIONAL SECURITY AUTHORITY | | | | | |
| STAMP  (OPTIONAL)  NAME:  ADDRESS:  TELEPHONE:  SIGNATURE: | | |  | | |
| 1. REMARKS | | | | | |
| 1. Knowledgeable U.S. Person: | | | | | |
|  | | | |  | |
| Phone: |  | Organization: | | |  |
|  |  |  | | |  |
| 1. Embassy Point of Contact: | | | |  | |
| Phone : | | | |  | |
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| VISIT ID NUMBER: | | |
| 1. Security Certification:   The visitor(s) included is (are) an authorized representative of the Government of Denmark, and will observe and carry out the following responsibilities with respect to information obtained during the visit. The information will not be released or made known in any other manner to any other nation, or nationals thereof, without the approval of the United States Government. The visitor and the Government or nation represented will afford the information the same degree of military purposes and for no other purpose. Dissemination will be limited to persons who require the information in the performance of their official duties. The rights of the individual or concern originating or developing the information will be respected and protected in accordance with the patent laws of the country of the originator. any known or suspected compromise or unauthorized transfer of information will be promptly reported to the United States Government. | | |
| (Signature) |  |  |
| (Name) |  |  |
| (Title) |  |  |
| (Country) |  |  |
|  | | |

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| VISIT ID NUMBER: | | | |
| PARTICULARS OF VISITORS | | | |
| 1. NAME :   DATE OF BIRTH:  SECURITY CLEARANCE:  NATIONALITY :  POSITION:  COMPANY/AGENCY:   1. NAME :   DATE OF BIRTH:  SECURITY CLEARANCE:  NATIONALITY:  POSITION:  COMPANY/AGENCY:   1. NAME:   DATE OF BIRTH:  SECURITY CLEARANCE:  NATIONALITY:  POSITION:  COMPANY/AGENCY:   1. NAME :   DATE OF BIRTH:  SECURITY CLEARANCE:  NATIONALITY:  POSITION:  COMPANY/AGENCY:   1. NAME :   DATE OF BIRTH:  SECURITY CLEARANCE:  NATIONALITY :  POSITION:  COMPANY/AGENCY:   1. NAME:   DATE OF BIRTH:  SECURITY CLEARANCE:  NATIONALITY :  POSITION:  COMPANY/AGENCY:   1. NAME :   DATE OF BIRTH:  SECURITY CLEARANCE:  NATIONALITY :  POSITION :  COMPANY/AGENCY : |  | PLACE OF BIRTH  ID/PP NUMBER:  PLACE OF BIRTH:  ID/PP NUMBER:  PLACE OF BIRTH:  ID/PP NUMBER:  PLACE OF BIRTH:  ID/PP NUMBER:  PLACE OF BIRTH:  ID/PP NUMBER:  PLACE OF BIRTH:  ID/PP NUMBER:  PLACE OF BIRTH:  ID/PP NUMBER: |  |