

- ☐ One-Time  
☐ Recurring  
☐ Extended  
☐ Emergency

## REQUEST FOR VISIT

Annex(es)  
☐ Yes:  
☐ No

ADMINISTRATIVE DATA	
1. REQUESTER :	DATE :
TO            ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIRFORCE <input type="checkbox"/> DIA <input type="checkbox"/>	VISIT ID :
REQUESTING GOVERNMENT AGENCY OR INDUSTRIAL FACILITY	
2. NAME :	
POSTAL ADDRESS :	
TELEX/FAX NR. :	TELEPHONE NR. :
GOVERNMENT AGENCY OR FACILITY TO BE VISITED	
3. NAME :	
POSTAL ADDRESS :	
TELEX/FAX NR. :	TELEPHONE NR. :
POINTS OF CONTACT:	
EMAIL ADDRESS OF POC:	
4. DATES OF VISIT:	TO: (            TO:            )
5. TYPE OF VISIT:	(SELECT ONE FROM EACH COLUMN)
<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> INITIATED BY REQUESTING AGENCY OR FACILITY
<input type="checkbox"/> COMMERCIAL INITIATIVE	<input type="checkbox"/> BY INVITATION OF THE FACILITY TO BE VISITED
6. SUBJECT TO BE DISCUSSED/JUSTIFICATION	
7. ANTICIPATED LEVEL OF CLASSIFIED INFORMATION TO BE INVOLVED:	
8. IS THE VISIT PERTINENT TO:	SPECIFY:
	(Y)
A SPECIFIC EQUIPMENT OR WEAPON SYSTEM	<input type="checkbox"/>
FOREIGN MILITARY SALES OR EXPORT LICENSE	<input type="checkbox"/>
A PROGRAM OR AGREEMENT	<input type="checkbox"/>
A DEFENSE ACQUISITION PROCESS	<input type="checkbox"/>
OTHER	<input type="checkbox"/>
9. PARTICULARS OF VISITORS	
NAME :	
DATE OF BIRTH :	PLACE OF BIRTH:
SECURITY CLEARANCE :	ID/PP NUMBER:
NATIONALITY :	
POSITION :	
COMPANY/AGENCY :	
NAME :	
DATE OF BIRTH :	PLACE OF BIRTH:
SECURITY CLEARANCE :	ID/PP NUMBER:
NATIONALITY :	
POSITION :	
COMPANY/AGENCY :	

REQUEST FOR VISIT (CONTINUATION)

VISIT ID NUMBER:	
10. THE SECURITY OFFICER OF THE REQUESTING GOVERNMENT AGENCY OG INDUSTRIAL FACILITY:	
NAME:	TELEPHONE no.:
SIGNATURE:	
11. CERTIFICATION OF SECURITY CLEARANCE:	
NAME :	<div>STAMP (OPTIONAL)</div>
ADDRESS :	
TELEPHONE :	
SIGNATURE :	
12. REQUESTING NATIONAL SECURITY AUTHORITY	
NAME :	<div>STAMP (OPTIONAL)</div>
ADDRESS :	
TELEPHONE :	
SIGNATURE :	
13. REMARKS	
14. Knowledgeable U.S. Person: _____ Phone: _____ Organization: _____	
15. Embassy Point of Contact : _____ Phone : _____	

VISIT ID NUMBER:

16. 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.

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(Signature)

VISIT ID NUMBER:

PARTICULARS OF VISITORS

1.

1. NAME :  
DATE OF BIRTH :  
SECURITY CLEARANCE :  
NATIONALITY :  
POSITION :  
COMPANY/AGENCY :

PLACE OF BIRTH:  
ID/PP NUMBER:

2. NAME :  
DATE OF BIRTH :  
SECURITY CLEARANCE :  
NATIONALITY :  
POSITION :  
COMPANY/AGENCY :

PLACE OF BIRTH:  
ID/PP NUMBER:

3. NAME :  
DATE OF BIRTH :  
SECURITY CLEARANCE :  
NATIONALITY :  
POSITION :  
COMPANY/AGENCY :

PLACE OF BIRTH:  
ID/PP NUMBER:

4. NAME :  
DATE OF BIRTH :  
SECURITY CLEARANCE :  
NATIONALITY :  
POSITION :  
COMPANY/AGENCY :

PLACE OF BIRTH:  
ID/PP NUMBER:

5. NAME :  
DATE OF BIRTH :  
SECURITY CLEARANCE :  
NATIONALITY :  
POSITION :  
COMPANY/AGENCY :

PLACE OF BIRTH:  
ID/PP NUMBER:

6. NAME :  
DATE OF BIRTH :  
SECURITY CLEARANCE :  
NATIONALITY :  
POSITION :  
COMPANY/AGENCY :

PLACE OF BIRTH:  
ID/PP NUMBER:

7. NAME :  
DATE OF BIRTH :  
SECURITY CLEARANCE :  
NATIONALITY :  
POSITION :  
COMPANY/AGENCY :

PLACE OF BIRTH:  
ID/PP NUMBER: