

## REQUEST FOR VISIT (RFV) INSTRUCTIONS FOR AUSTRALIA, CANADA, FRANCE, NORWAY, SWITZERLAND & UNITED KINGDOM

- Above Block 1 Select the country you are using the visit template for, from the drop down list.
- Block 1 Select one of the four (4) types of visit request.  
**For Amendments**, select whether you are adding or removing a visitor from original request, or canceling the original visit and all subsequent amendments entirely. Provide the original visit ID of the, approved, visit being amended.
- Block 2 Select the appropriate checkbox for the type of information/material or site access.
- Block 3 Add number of sites and visitors, manually. Visits comprising of more than 30 visitors or 30 sites, must be split into multiple requests.
- Block 4 Government Use Only.
- Block 5 Complete this section with your company cage code; company name and address; and company contact information.
- Block 6 See Annex 1.
- Block 7 Format the dates as dd/mmm/yyyy (e.g., 09-SEP-2021). The “from” date should reflect the start date which meets processing and lead time. The “to” date should reflect the end date which does not exceed 364 days from the start.  
**For Amendments**, add the in-country start date for the additional visitors to block 16 REMARKS. The start and end dates **MUST** match the original submission in block 7.
- Block 8 Select an option from **EACH** column.
- Block 9 Check appropriate block(s), and *specify* in the box below.
- Block 10 Instruction is provided in block 10.
- Block 11 Choose level appropriately, if the level needed is not listed, choose other and specify in the drop down box below it. Level applies to material associated or level of clearance required for site access
- Block 12 See Annex 2.
- Block 13 To be completed by FSO (Facility Security Officer) or AFSSO. All areas are ***mandatory***. Hand signature is acceptable if there are no digital signature capabilities.
- Block 14 Office Use Only.
- Block 15 Office Use Only.
- Block 16 Can be used for training completion dates and in-country date for Amendments.  
Please note: Emergency Letters of Justification must be submitted separately, in addition to the visit request.
- Annex 1 All fields, except the last three (secondary POC information), are ***mandatory***.  
If your request is submitted to our office without POC email address, it will be rejected.  
Additional Annex 1 is listed on website, if additional space is needed.
- Annex 2 All fields are ***mandatory***. If any fields are missing information, this request will be rejected. Date of birth and passport expiration date formats should be listed as dd/mmm/yyyy (e.g., 22-Feb-1974)  
Additional Annex 2 is listed on website, if additional space is needed.

**Upon completion, submit the visit request via AMRDEC Safe Access File Exchange, fax it to 571-305-6010, or email a scanned and secured pdf to DCSA.RFV@mail.mil. The DCSA Request for Visit mailbox can no longer receive encrypted emails. Documents containing PII should never be sent via open email without securing the file.**

Reference No. 

All fields must be completed and the form communicated via Government-to-Government

**REQUEST FOR VISIT**

TO:

*(Country / International Organization Name)*

1. TYPE OF VISIT REQUEST	2. TYPE OF INFORMATION / MATERIAL OR SITE ACCESS	3. SUMMARY
<input type="checkbox"/> One-time <input type="checkbox"/> Recurring <input type="checkbox"/> Emergency <input type="checkbox"/> Amendment  Add Visitors  Delete Visitors  Cancel Original Visit  For an Amendment, insert the NSA/DSA RFV Reference Number below:	<input type="checkbox"/> CONFIDENTIAL or above  <input type="checkbox"/> Access to security areas without access to classified information / material  <i>Only if required by the laws / regulations of the countries involved</i>  <input type="checkbox"/> RESTRICTED	No. of sites <input type="text"/>  No. of visitors <input type="text"/>
<b>4. ADMINISTRATIVE DATA:</b>		
Requestor: <input type="text"/>  To: <input type="text"/>	Reference No. <input type="text"/>  Date (dd/mmm/yyyy) <input type="text"/>	
<b>5. REQUESTING INDUSTRIAL FACILITY:</b>		
CAGE CODE: <input type="text"/>  COMPANY NAME: <input type="text"/>  POSTAL ADDRESS: <input type="text"/>  E-MAIL ADDRESS: <input type="text"/>  FAX NO: <input type="text"/> TELEPHONE NO: <input type="text"/>		
<b>6. GOVERNMENT AGENCY(IES), ORGANIZATION(S) OR INDUSTRIAL FACILITY(IES) TO BE VISITED - <i>(Annex 1 to be completed)</i></b>		
<b>7. DATE OF VISIT (dd/mmm/yyyy):</b> FROM <input type="text"/> TO <input type="text"/>		
<b>8. TYPE OF INITIATIVE <i>(Select one from each column):</i></b>		
<input type="checkbox"/> Government initiative  <input type="checkbox"/> Commercial initiative	<input type="checkbox"/> Initiated by requesting agency or facility  <input type="checkbox"/> By invitation of the facility to be visited	

All fields must be completed and the form communicated via Government-to-Government

**9. IS THE VISIT PERTINENT TO:**

- Specific equipment or weapon system  
 Foreign military sales or export licence  
 A programme or agreement  
 A defence acquisition process  
 Other

**Specification of the selected subject:**

**10. SUBJECT TO BE DISCUSSED/JUSTIFICATION/PURPOSE (To include details of host Government/Project Authority and solicitation/contract number if known and any other relevant information. Abbreviations should be avoided):**

**11. ANTICIPATED HIGHEST LEVEL OF INFORMATION/MATERIAL OR SITE ACCESS TO BE INVOLVED:**

*Only if required by the laws/  
regulations of the countries  
involved*

RESTRICTED

CONFIDENTIAL

SECRET

TOP SECRET

OTHER

**12. PARTICULARS OF VISITOR(S) - (Annex 2 to be completed)**
**13. THE SECURITY OFFICER OF THE REQUESTING INDUSTRIAL FACILITY:**

Will a visitor, on this request, hand carry classified material to or from the site(s) to be visited?

Yes  No

If yes, a hand carriage plan is required to be submitted to your DCSA, Industrial Security Representative IAW NISPOM 10-405.

"I, the undersigned, hereby attest to the accuracy of information on this form and certify the information to be released during this visit has been approved for release prior to the visit by the appropriate designated authority and an export authorization has been granted."

STAMP

NAME:

TELEPHONE NO:

E-MAIL ADDRESS:

SIGNATURE:

Reference No.

All fields must be completed and the form communicated via Government-to-Government

**14. CERTIFICATION OF SECURITY CLEARANCE LEVEL:**

**NAME:** DEFENSE COUNTERINTELLIGENCE AND  
SECURITY AGENCY

**ADDRESS:** 27130 TELEGRAPH ROAD  
QUANTICO, VIRGINIA 22134

**EMAIL:** DCSA.RFV@MAIL.MIL

**15. REQUESTING NATIONAL SECURITY AUTHORITY / DESIGNATED SECURITY AUTHORITY:**

**NAME:** DEFENSE COUNTERINTELLIGENCE AND  
SECURITY AGENCY

**ADDRESS:** 27130 TELEGRAPH ROAD  
QUANTICO, VIRGINIA 22134

**EMAIL:** DCSA.RFV@MAIL.MIL

**16. REMARKS:** (For Amendments, add the in-country date for the additional visitors below.)

**ANNEX 1 TO RFV FORM**

All fields must be completed and the form communicated via Government-to-Government

**GOVERNMENT AGENCY(IES), ORGANIZATION(S) OR INDUSTRIAL FACILITY(IES) TO BE VISITED**

<input type="checkbox"/> Military	<input type="checkbox"/> Government	<input type="checkbox"/> Industry	<input type="checkbox"/> NATO	<input type="checkbox"/> EU	<input type="checkbox"/> Other
NAME:	<input type="text"/>				
ADDRESS:	<input type="text"/>				
TELEPHONE NO:	<input type="text"/>				
FAX NO:	<input type="text"/>				
NAME OF POINT OF CONTACT (POC):	<input type="text"/>				
E-MAIL:	<input type="text"/>				
TELEPHONE NO:	<input type="text"/>				
SECURITY OFFICER OR SECONDARY POC:	<input type="text"/>				
E-MAIL:	<input type="text"/>				
TELEPHONE NO:	<input type="text"/>				
<input type="checkbox"/> Military	<input type="checkbox"/> Government	<input type="checkbox"/> Industry	<input type="checkbox"/> NATO	<input type="checkbox"/> EU	<input type="checkbox"/> Other
NAME:	<input type="text"/>				
ADDRESS:	<input type="text"/>				
TELEPHONE NO:	<input type="text"/>				
FAX NO:	<input type="text"/>				
NAME OF POINT OF CONTACT (POC):	<input type="text"/>				
E-MAIL:	<input type="text"/>				
TELEPHONE NO:	<input type="text"/>				
SECURITY OFFICER OR SECONDARY POC:	<input type="text"/>				
E-MAIL:	<input type="text"/>				
TELEPHONE NO:	<input type="text"/>				

Reference No.

Military     Government     Industry     NATO     EU     Other

NAME:

ADDRESS:

TELEPHONE NO:

FAX NO:

NAME OF POINT OF CONTACT (POC):

E-MAIL:

TELEPHONE NO:

SECURITY OFFICER OR SECONDARY POC:

E-MAIL:

TELEPHONE NO:

Military     Government     Industry     NATO     EU     Other

NAME:

ADDRESS:

TELEPHONE NO:

FAX NO:

NAME OF POINT OF CONTACT (POC):

E-MAIL:

TELEPHONE NO:

SECURITY OFFICER OR SECONDARY POC:

E-MAIL:

TELEPHONE NO:

**ANNEX 2 TO RFV FORM**

All fields must be completed and the form communicated via Government-to-Government

**PARTICULARS OF VISITOR(S)**

Industry Contractor Employee     Industry Contractor Consultant

LAST NAME (SURNAME):

FIRST NAME (FORNAME), as per passport:

PASSPORT (ID) NUMBER:     EXPIRATION:

DATE OF BIRTH:     PLACE OF BIRTH:

SSN:     CITIZENSHIP:

SECURITY CLEARANCE LEVEL:

POSITION:

COMPANY/AGENCY:

Industry Contractor Employee     Industry Contractor Consultant

LAST NAME (SURNAME):

FIRST NAME (FORNAME), as per passport:

PASSPORT (ID) NUMBER:     EXPIRATION:

DATE OF BIRTH:     PLACE OF BIRTH:

SSN:     CITIZENSHIP:

SECURITY CLEARANCE LEVEL:

POSITION:

COMPANY/AGENCY:

Industry Contractor Employee  Industry Contractor Consultant

LAST NAME (SURNAME):

FIRST NAME (FORNAME), as per passport:

PASSPORT (ID) NUMBER:  EXPIRATION:

DATE OF BIRTH:  PLACE OF BIRTH:

SSN:  CITIZENSHIP:

SECURITY CLEARANCE LEVEL:

POSITION:

COMPANY/AGENCY:

Industry Contractor Employee  Industry Contractor Consultant

LAST NAME (SURNAME):

FIRST NAME (FORNAME), as per passport:

PASSPORT (ID) NUMBER:  EXPIRATION:

DATE OF BIRTH:  PLACE OF BIRTH:

SSN:  CITIZENSHIP:

SECURITY CLEARANCE LEVEL:

POSITION:

COMPANY/AGENCY:



Industry Contractor Employee     Industry Contractor Consultant

LAST NAME (SURNAME):

FIRST NAME (FORNAME), as per passport:

PASSPORT (ID) NUMBER:     EXPIRATION:

DATE OF BIRTH:     PLACE OF BIRTH:

SSN:     CITIZENSHIP:

SECURITY CLEARANCE LEVEL:

POSITION:

COMPANY/AGENCY:

Industry Contractor Employee     Industry Contractor Consultant

LAST NAME (SURNAME):

FIRST NAME (FORNAME), as per passport:

PASSPORT (ID) NUMBER:     EXPIRATION:

DATE OF BIRTH:     PLACE OF BIRTH:

SSN:     CITIZENSHIP:

SECURITY CLEARANCE LEVEL:

POSITION:

COMPANY/AGENCY: