

INSTRUCTIONS FOR U-1201 REQUEST FOR VISIT (RFV) TEMPLATE

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

A. GENERAL INSTRUCTIONS

1. DCSA requires five (5) business days for processing RFV requests. Country lead time is in addition to DCSA processing time requirement.
2. Duration of a visit may not be longer than 364 days (one year, less one day).

B. SPECIFIC INSTRUCTIONS

- Top of RFV Make the appropriate selection from the drop down menu (One-Time, Recurring, etc.)
 Advise if Annexes are included – Make the appropriate selection (YES or NO).
 (Annexes refer to the last two pages of the document 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 and Point of Contact (POC) information.
- Block 3 If more than one site is to be visited, additional sites can be documented on *Annex 1*). Ensure the complete site POC 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 2020), with the month spelled out.
 With regards to Emergency Visits, exact dates must be cited, and the visit duration can be no longer than 30 days.
- Block 5 Make the appropriate selection from each drop down menu.
- 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, NATO Secret, NATO Confidential, COSMIC 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 All fields must be completed . If block 9 cannot accommodate the number of intended visitors, scroll down to Annex 2 to include additional visitors.
 Note: PP# & EXP DATE, refers to passport # and expiration.
- 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 space for additional information if needed.

Upon completion, submit the visit request via email to DCSA.RFV@mail.mil using a free DOD safe access file exchange service or fax to 571-305-6010. 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.

ADMINISTRATIVE DATA

1. **REQUESTOR:** Defense Counterintelligence and Security Agency

DATE: _____
 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: _____ PP# & EXP. DATE: _____
 CITIZENSHIP: _____ POSITION: _____
 COMPANY/AGENCY: _____

VISITOR #002
 SSN: _____
 NAME: _____
 DATE OF BIRTH: _____ PLACE OF BIRTH: _____
 SECURITY CLEARANCE: _____ PP# & EXP. DATE: _____
 CITIZENSHIP: _____ POSITION: _____
 COMPANY/AGENCY: _____

10. THE SECURITY OFFICER OF THE REQUESTING GOVERNMENT AGENCY OR INDUSTRIAL FACILITY

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

Yes No

If you selected yes, please note:

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 document 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/ DIGITAL SIGNATURE

NAME:

TELEPHONE NO:

EMAIL ADDRESS:

SIGNATURE:

11. CERTIFICATION OF SECURITY CLEARANCE

NAME:

DEFENSE COUNTERINTELLIGENCE AND SECURITY AGENCY,
INDUSTRIAL SECURITY DIRECTORATE,
INTERNATIONAL AND SAP (ISAP)

ADDRESS: 27130 TELEGRAPH ROAD
QUANTICO, VIRGINIA 22134

EMAIL: DCSA.RFV@MAIL.MIL

FAX: 571-305-6010

12. REQUESTING NATIONAL SECURITY AUTHORITY

NAME:

DEFENSE COUNTERINTELLIGENCE AND SECURITY AGENCY,
INDUSTRIAL SECURITY DIRECTORATE,
INTERNATIONAL AND SAP (ISAP)

ADDRESS: 27130 TELEGRAPH ROAD
QUANTICO, VIRGINIA 22134

EMAIL: DCSA.RFV@MAIL.MIL

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

ANNEX 2 TO RFV FORMAT

VISITOR #003

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ PP# & EXP. DATE: _____

CITIZENSHIP: _____ POSITION: _____

COMPANY/AGENCY: _____

VISITOR #004

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ PP# & EXP. DATE: _____

CITIZENSHIP: _____ POSITION: _____

COMPANY/AGENCY: _____

VISITOR #005

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ PP# & EXP. DATE: _____

CITIZENSHIP: _____ POSITION: _____

COMPANY/AGENCY: _____

VISITOR #006

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ PP# & EXP. DATE: _____

CITIZENSHIP: _____ POSITION: _____

COMPANY/AGENCY: _____

VISITOR #007

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ PP# & EXP. DATE: _____

CITIZENSHIP: _____ POSITION: _____

COMPANY/AGENCY: _____

VISITOR #008

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ PP# & EXP. DATE: _____

CITIZENSHIP: _____ POSITION: _____

COMPANY/AGENCY: _____

VISITOR #009

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ PP# & EXP. DATE: _____

CITIZENSHIP: _____ POSITION: _____

COMPANY/AGENCY: _____

REQUEST FOR VISIT (RFV)

VISIT ID NO: _____

REFERENCE RFV

ANNEX 2 TO RFV FORMAT

VISITOR #010

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ PP# & EXP. DATE: _____

CITIZENSHIP: _____ POSITION: _____

COMPANY/AGENCY: _____

VISITOR #011

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ PP# & EXP. DATE: _____

CITIZENSHIP: _____ POSITION: _____

COMPANY/AGENCY: _____

VISITOR #012

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ PP# & EXP. DATE: _____

CITIZENSHIP: _____ POSITION: _____

COMPANY/AGENCY: _____

VISITOR #013

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ PP# & EXP. DATE: _____

CITIZENSHIP: _____ POSITION: _____

COMPANY/AGENCY: _____

VISITOR #014

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ PP# & EXP. DATE: _____

CITIZENSHIP: _____ POSITION: _____

COMPANY/AGENCY: _____

VISITOR #015

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ PP# & EXP. DATE: _____

CITIZENSHIP: _____ POSITION: _____

COMPANY/AGENCY: _____

VISITOR #016

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ PP# & EXP. DATE: _____

CITIZENSHIP: _____ POSITION: _____

COMPANY/AGENCY: _____

REQUEST FOR VISIT (RFV)

VISIT ID NO: _____

REFERENCE RFV

ANNEX 2 TO RFV FORMAT

VISITOR #017

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ PP# & EXP. DATE: _____

CITIZENSHIP: _____ POSITION: _____

COMPANY/AGENCY: _____

VISITOR #018

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ PP# & EXP. DATE: _____

CITIZENSHIP: _____ POSITION: _____

COMPANY/AGENCY: _____

VISITOR #019

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ PP# & EXP. DATE: _____

CITIZENSHIP: _____ POSITION: _____

COMPANY/AGENCY: _____

VISITOR #020

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ PP# & EXP. DATE: _____

CITIZENSHIP: _____ POSITION: _____

COMPANY/AGENCY: _____

VISITOR #021

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ PP# & EXP. DATE: _____

CITIZENSHIP: _____ POSITION: _____

COMPANY/AGENCY: _____

VISITOR #022

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ PP# & EXP. DATE: _____

CITIZENSHIP: _____ POSITION: _____

COMPANY/AGENCY: _____

VISITOR #023

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ PP# & EXP. DATE: _____

CITIZENSHIP: _____ POSITION: _____

COMPANY/AGENCY: _____

REQUEST FOR VISIT (RFV)

VISIT ID NO: _____

REFERENCE RFV

ANNEX 2 TO RFV FORMAT

VISITOR #024

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ PP# & EXP. DATE: _____

CITIZENSHIP: _____ POSITION: _____

COMPANY/AGENCY: _____

VISITOR #025

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ PP# & EXP. DATE: _____

CITIZENSHIP: _____ POSITION: _____

COMPANY/AGENCY: _____

VISITOR #026

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ PP# & EXP. DATE: _____

CITIZENSHIP: _____ POSITION: _____

COMPANY/AGENCY: _____

VISITOR #027

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ PP# & EXP. DATE: _____

CITIZENSHIP: _____ POSITION: _____

COMPANY/AGENCY: _____

VISITOR #028

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ PP# & EXP. DATE: _____

CITIZENSHIP: _____ POSITION: _____

COMPANY/AGENCY: _____

VISITOR #029

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ PP# & EXP. DATE: _____

CITIZENSHIP: _____ POSITION: _____

COMPANY/AGENCY: _____

VISITOR #030

SSN: _____

NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SECURITY CLEARANCE: _____ PP# & EXP. DATE: _____

CITIZENSHIP: _____ POSITION: _____

COMPANY/AGENCY: _____