

INSTRUCTIONS FOR SAUDI ARABIA REQUEST FOR VISIT (RFV) FORM

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

A. GENERAL INSTRUCTIONS

1. DSS requires five (5) business days for processing RFV requests, and Saudi Arabia requires an *additional* thirty (30) calendar days to review for approval.
2. Form must be typed. Hand written forms will be rejected.
3. Visitor SSN does not go on Saudi form, but on the visit cover sheet.
4. Include a photocopy of the passport and photo.

B. SPECIFIC INSTRUCTIONS

Blocks 1-10 Complete the blocks as indicated on the form.

Blocks 13-19 Complete the blocks as indicated on the form.

Special Blocks to review:

- Block 11 Be as specific as possible. Training, Job Title, or Site Visit will not be accepted.
- Block 12 If you do not have enough room in this block please include as much of the address as possible in this space then type *SEE ABOVE LEFT. Please type complete site address in the top left blank portion of the page. Include site address, POC and contact numbers. Saudi will reject if nothing but SEE ABOVE is provided in this block.
- Block 20 School/College – Please provide name, city and state of school.
- Block 21 Please provide your company cage code, company name, complete address, FSO name and contact numbers.
- Block 22 Visitor address and contact number.
- Block 23 Visit Level of Clearance, Visitor's Date of Eligibility, Visitor's Clearance Level
- Block 24 Must be signed by the FSO. Ensure that this is FSO's signature and NOT that of visitor.
- Block 26 Facility Security Officer (FSO) must answer the question in this section and review the compliance statement prior to signing in section 24.

Upon completion, submit the visit request via email to DSS.RFV@mail.mil using a free DOD safe access file exchange service or fax to 571-305-6010. The DSS Request for Visit mailbox can no longer receive encrypted emails. Documents containing PII should never be sent via open email without securing the file.

The Kingdom of Saudi Arabia
The Ministry of Defense
Military Security Department – J2/5

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

المملكة العربية السعودية
وزارة الدفاع والطيران والمفتشية العامة
رئاسة هيئة الأركان العامة
هيئة استخبارات وأمن القوات المسلحة
إدارة الأمن العسكري / ٥

نموذج طلب زيارة

Visit Request Form

Form No. (MSDJ2/5-101) نموذج رقم

| | | | | | | | |
|----------------------------------|--|---|------------------|--|---------------------|---------------------|--|
| 1. Full Name: | | ١. الاسم اللاحق باللغة العربية : | | | | | |
| 6. Place of Origin | | 5. Nationality | 4. Date of Birth | 3. Place of Birth | 2. Country of Birth | | |
| 9. Position | | 8. No. of Children | | 7. Civil Status | | | |
| ٩. الوظيفة | | ٨. عدد الأبناء | | ٧. الحالة الاجتماعية : | | | |
| | | Male / ذكور Female / إناث | | Married / متزوج Single / أعزب | | | |
| 12. Place of Visit | | 11. Purpose of Visit | | 10. Type of Visit | | | |
| ١٢. الجهة | | ١١. الغرض من الزيارة | | ١٠. نوع الزيارة | | | |
| | | | | One Time / مرة واحدة Recurring / متكررة | | | |
| 14. Date of Visit | | 13. Anticipated Level of Classified Info to be Discussed: | | ١٣. طبيعة المعلومات التي سوف تناقش | | | |
| From: | | ١٤. تاريخ الزيارة | | Classified / مصنف | | | |
| To : | | من : / / إلى : / / | | Unclassified / غير مصنف | | | |
| 18. Date of Expiry | | 17. Date of Issue | | 16. Place of Issue | | 15. Passport Number | |
| ١٨. تاريخ الانتهاء | | ١٧. تاريخ الإصدار | | ١٦. مكان الإصدار | | ١٥. رقم جواز السفر | |
| | | | | | | | |
| 19. Do you work in Saudi Arabia? | | Yes No | | ١٩. هل سبق وأن عملت في المملكة : | | | |
| | | | | نعم <input type="checkbox"/> لا <input type="checkbox"/> | | | |
| | | | | أ. المدينة التي عملت بها : الجهة : الفترة من : / / إلى : / / | | | |
| | | | | ب. المدينة التي عملت بها : الجهة : الفترة من : / / إلى : / / | | | |
| | | | | ج. المدينة التي عملت بها : الجهة : الفترة من : / / إلى : / / | | | |
| A. City: | | Organization: | | From: | | To: | |
| B. City: | | Organization: | | From: | | To: | |
| C. City: | | Organization: | | From: | | To: | |
| A. School / College: | | ٢٠. Education: | | ٢٠. المؤهل الدراسي | | | |
| | | | | | | | |
| C. Country of Graduation: | | B. Date of Graduation: | | ب. تاريخ التخرج | | | |
| | | | | | | | |

