



**REQUEST FOR VISIT**  
**for visitors to the Swedish Armed Forces**

One-Time  
Recurring  
Emergency  
Notification of activation of permit SWE \_\_\_ / \_\_\_

**1. Administrative data**

Requestor	Date
To	Visit ID

**2. Requesting industrial facility**

Organization Name	Cage Code	
Address	State	Zip Code
Point of Contact Name	Email	Phone

**3. Swedish Armed Forces' facility to be visited**

Name	
Address	
Point of Contact (within the Swedish Armed Forces)	
Telephone	Email

**4. Date of visit**

Arrival: (YY/MM/DD)	Departure: (YY/MM/DD)
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**5. Type of visit (Select one alternative from each column)**

Government Initiative	Initiated by requesting agency or facility
Commercial Initiative	By invitation of the facility to be visited

**6. Subject to be discussed**

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**7. Anticipated level of classified information to be involved**

Unclassified	Restricted	Confidential	Secret	Top Secret
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**8. Particulars of visitors**

Name	SSN	
Security Clearance	Passport #	Passport Expiration
Date of Birth (YY/MM/DD)	Citizenship	
Organization/Unit/Company/Agency		

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Date of Birth (YY/MM/DD)	Citizenship	
Organization/Unit/Company/Agency		

Continue on additional sheet



**Annex 1. PARTICULARS OF VISITORS**

Name		SSN
Security Clearance	Passport #	Passport Expiration
Date of Birth (YY/MM/DD)	Nationality	
Organization/Unit/Company/Agency		

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Security Clearance	Passport #	Passport Expiration
Date of Birth (YY/MM/DD)	Nationality	
Organization/Unit/Company/Agency		

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Security Clearance	Passport #	Passport Expiration
Date of Birth (YY/MM/DD)	Nationality	
Organization/Unit/Company/Agency		



**Annex 2. SWEDISH ARMED FORCES' FACILITY TO BE VISITED**

Organization Name	
Address	
Point of Contact (within the Swedish Armed Forces)	
Telephone	Email

Organization Name	
Address	
Point of Contact (within the Swedish Armed Forces)	
Telephone	Email

Organization Name	
Address	
Point of Contact (within the Swedish Armed Forces)	
Telephone	Email

Organization Name	
Address	
Point of Contact (within the Swedish Armed Forces)	
Telephone	Email

Organization Name	
Address	
Point of Contact (within the Swedish Armed Forces)	
Telephone	Email



The security office of the requesting industrial facility

Name	Phone	
Email		

9. Certification of Clearance by Requestor's National Security, Diplomatic Mission to Sweden or equivalent

Defense Counterintelligence and Security Agency	
27130 Telegraph Road	
Quantico, VA 22134	
DCSA.RFV@mail.mil	

10. Remarks

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11. Further information

a. Visitor(s) will carry	Uniform	Yes	No	
	Weapons	Yes	No	
b. Visitor(s) will use	Civilian Vehicle	Yes	No	Time and Date of entry to Swedish Territory
	Military Vehicle	Yes	No	Time and Date of entry to Swedish Territory
	Public Train	Yes	No	Time and Date of entry to Swedish Territory
	Commercial airline	Yes	No	Time and Date of entry to Swedish Territory
	Military aircraft	Yes	No	Time and Date of entry to Swedish Territory
	Naval unit or vessel	Yes	No	Time and Date of entry to Swedish Territory