

## INSTRUCTIONS FOR U-1201 REQUEST FOR VISIT (RFV) FORM

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

### A. GENERAL INSTRUCTIONS

1. DSS requires five (5) business days for processing RFV requests. Country lead time is in addition to DSS 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 Form      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 form, 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 page 3 (referred to as *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 2013), 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      1. If the space allotted in block 9 cannot accommodate the number of intended visitors; scroll down to page 4 (referred to as *Annex 2*), and include add'l visitors as needed.  
2. complete all fields. 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 [DSS.RFV@mail.mil](mailto: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.**

**ADMINISTRATIVE DATA**

1. **REQUESTOR:** Defense Security Service  
International Programs, Quantico, VA  
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 DSS, 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/ DIGITAL SIGNATURE

**NAME:**

**TELEPHONE NO:**

**EMAIL ADDRESS:**

**SIGNATURE:**

**11. CERTIFICATION OF SECURITY CLEARANCE**

**NAME:**

DEFENSE SECURITY SERVICE,  
INDUSTRIAL SECURITY INTEGRATION & APPLICATION DIRECTORATE,  
TECHNICAL OVERSIGHT OF PROGRAMS & SERVICES DIVISION,  
INTERNATIONAL PROGRAMS

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

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

**FAX:** 571-305-6010

**12. REQUESTING NATIONAL SECURITY AUTHORITY**

**NAME:**

DEFENSE SECURITY SERVICE,  
INDUSTRIAL SECURITY INTEGRATION & APPLICATION DIRECTORATE,  
TECHNICAL OVERSIGHT OF PROGRAMS & SERVICES DIVISION,  
INTERNATIONAL PROGRAMS

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

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

**FAX:** 571-305-6010

**13. REMARKS**

**REQUEST FOR VISIT (RFV)**

VISIT ID NO: \_\_\_\_\_

REFERENCE RFV - FORMAT, PARA 3

ANNEX 1 TO RFV FORMAT

**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 - FORMAT, PARA 9

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 - FORMAT, PARA 9

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 - FORMAT, PARA 9

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 - FORMAT, PARA 9

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: \_\_\_\_\_