

# REQUEST FOR VISIT

All fields must be completed:

**Attachments**

One-Time      Recurring      Emergency      Addition      Deletion      Re-submission      Yes      No

**1. Administrative Data**

Requestor: \_\_\_\_\_ Date: \_\_\_\_\_  
 To: \_\_\_\_\_ Renewal of Visit #: \_\_\_\_\_

**2. Requesting Government Agency or Industrial Facility**

Name: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Telex/Fax No.: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

**3. Government Agency or Industrial Facility to be Visited**

Name: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Telex/Fax No.: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 Point of Contact & Section/Branch: **(Mandatory)**: \_\_\_\_\_

<input type="checkbox"/> Military Site	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Army	<input type="checkbox"/> Navy	<input type="checkbox"/> Air Force	<input type="checkbox"/> DIA
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**4. Dates of Visit:** From: \_\_\_\_\_ To: \_\_\_\_\_

**5. Type of Visit (select one from each column):**

Government Initiative Commercial Initiative	Initiated by Requesting Agency or Facility By Invitation of the Facility to be Visited
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**6. Subject to be Discussed/Justification/Purpose/Work to be Done**

**7. Anticipated Level of Classified Information to be Involved (Mandatory):**

**8. Is The Visit Pertinent To:**

	(√)	Specify Contract #/Project/Program
A specific equipment or weapon system		
Foreign Military sales or export license		
A program or agreement		
A defence acquisition process		
Other		

**9. Particulars Of Visitors**

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Security Clearance: \_\_\_\_\_ ID/PP Number: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Position: \_\_\_\_\_  
Company: \_\_\_\_\_

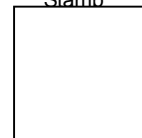
Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Security Clearance: \_\_\_\_\_ ID/PP Number: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Position: \_\_\_\_\_  
Company: \_\_\_\_\_

**10. The Security Officer Of The Requesting Agency Or Industrial Facility**

Name: \_\_\_\_\_ Telephone \_\_\_\_\_  
Signature: \_\_\_\_\_

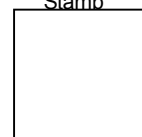
**11. Certification Of Security Clearance (Shaded Area for PWGSC Use Only)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Signature: \_\_\_\_\_

Stamp  
  
(Optional)

**12. Requesting National Security Authority**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Signature: \_\_\_\_\_

Stamp  
  
(Optional)

**13. Remarks**

## Government Agency Or Industrial Facility To Be Visited

1.	Name	_____
	Address:	_____
		_____
	Telex/Fax No:	_____ Telephone No. : _____
	Point of Contact:	_____
2.	Name	_____
	Address:	_____
		_____
	Telex/Fax No:	_____ Telephone No. : _____
	Point of Contact:	_____
3.	Name	_____
	Address:	_____
		_____
	Telex/Fax No:	_____ Telephone No. : _____
	Point of Contact:	_____
4.	Name	_____
	Address:	_____
		_____
	Telex/Fax No:	_____ Telephone No. : _____
	Point of Contact:	_____
5.	Name	_____
	Address:	_____
		_____
	Telex/Fax No:	_____ Telephone No. : _____
	Point of Contact:	_____
6.	Name	_____
	Address:	_____
		_____
	Telex/Fax No:	_____ Telephone No. : _____
	Point of Contact:	_____
7.	Name	_____
	Address:	_____
		_____
	Telex/Fax No:	_____ Telephone No. : _____
	Point of Contact:	_____

**Particulars of Visitors**

1.	Name	_____
	Date of Birth:	_____ Place of Birth: _____
	Security Clearance:	_____ ID/PP Number: _____ Nationality: _____
	Position:	_____
	Company:	_____
2.	Name	_____
	Date of Birth:	_____ Place of Birth: _____
	Security Clearance:	_____ ID/PP Number: _____ Nationality: _____
	Position:	_____
	Company:	_____
3.	Name	_____
	Date of Birth:	_____ Place of Birth: _____
	Security Clearance:	_____ ID/PP Number: _____ Nationality: _____
	Position:	_____
	Company:	_____
4.	Name	_____
	Date of Birth:	_____ Place of Birth: _____
	Security Clearance:	_____ ID/PP Number: _____ Nationality: _____
	Position:	_____
	Company:	_____
5.	Name	_____
	Date of Birth:	_____ Place of Birth: _____
	Security Clearance:	_____ ID/PP Number: _____ Nationality: _____
	Position:	_____
	Company:	_____
6.	Name	_____
	Date of Birth:	_____ Place of Birth: _____
	Security Clearance:	_____ ID/PP Number: _____ Nationality: _____
	Position:	_____
	Company:	_____
7.	Name	_____
	Date of Birth:	_____ Place of Birth: _____
	Security Clearance:	_____ ID/PP Number: _____ Nationality: _____
	Position:	_____
	Company:	_____

(Continue as required)

## Instructions on completing the Request for Visit Form

If you need additional space for the number of visitors, do the following:

1. Print your completed Request for Visit Form
2. Click on “Additional Visitors” beside the left hand Bookmarks tab.
3. Fill in as many “Visitor Particulars” as you have visitors up to a maximum of 7.
4. Press Print the form in anticipation of mailing/faxing.
5. Press “Clear Form”,
6. Repeat steps 1-4 as required to complete the particulars of as many visitors as you anticipate.

Dates are entered in the following format: yyyy-mm-dd, or for a date of November 6, 1951, the required entry would be 1951-11-06

Telephone numbers are entered number only, with no spaces, dashes or slashes. ie the number (819) 956-5555 would be entered as 8199565555, and will be formatted properly on output.

After printing form, remember to sign in the appropriate spots provided and fax copy to the Canadian & International Industrial Security, Visits, at this number: 613-948-1712.