

VISITOR REQUEST VISITOR CLEARANCE DATA	CHECK ONE <input type="checkbox"/> REPLY REQUIRED <input type="checkbox"/> REPLY ONLY IF NEGATIVE
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FROM (COMPLETE ADDRESS OF REQUESTING ACTIVITY)	UIC _____	DATE OF REQUEST
FOLD ON THIS LINE		SPECIFIC PERSONNEL OR SECTION OF COMMAND TO BE VISITED

DURATION OF VISIT (ARRIVE)	(DEPART)	DEGREE OF ACCESS REQUIRED
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PURPOSE OF VISIT/REMARKS (IF THE VISIT IS TO A CONTRACTOR FACILITY, INCLUDE CONTRACT NUMBER IF APPROPRIATE)

NAME, RANK, TITLE OR POSITION	DATE AND PLACE	NATIONALITY	LEVEL OF SECURITY CLEARANCE
		U.S. CITIZEN	
		IMMIGRANT ALIEN	
		U.S. CITIZEN	
		IMMIGRANT ALIEN	
		U.S. CITIZEN	
		IMMIGRANT ALIEN	
		U.S. CITIZEN	
		IMMIGRANT ALIEN	
		U.S. CITIZEN	
		IMMIGRANT ALIEN	
		U.S. CITIZEN	
		IMMIGRANT ALIEN	

NAME, RANK AND TITLE OF OFFICIAL AUTHORIZING VISIT AND CLEARANCE

COPY TO: