

REQUEST FOR VISIT

TO: NATO M&S COE
(Country / international organisation name)

1. TYPE OF VISIT REQUEST	2. TYPE OF INFORMATION / MATERIAL OR SITE ACCESS	3. SUMMARY
<input checked="" type="checkbox"/> One-time <input type="checkbox"/> Recurring <input type="checkbox"/> Emergency <input type="checkbox"/> Amendment	<input type="checkbox"/> CONFIDENTIAL or above <input type="checkbox"/> Access to security areas without access to classified information / material <i>Only if required by the laws / regulations of the countries involved</i> <input checked="" type="checkbox"/> Unclassified / RESTRICTED	No. of sites <input style="width: 40px; text-align: center;" type="text" value="1"/> No. of visitors <input style="width: 40px; text-align: center;" type="text" value="1"/>

4. ADMINISTRATIVE DATA:

Requestor: <input style="width: 90%;" type="text"/>	NSA/DSA RFV Reference No. <input style="width: 90%; text-align: center;" type="text" value="//"/>
To: <input style="width: 90%;" type="text"/>	Date (dd/mm/yyyy): <input style="width: 90%;" type="text"/>

5. REQUESTING GOVERNMENT AGENCY, ORGANISATION OR INDUSTRIAL FACILITY:

Military
 Government
 Industry
 NATO
 EU
 Other

NAME:

POSTAL ADDRESS:

E-MAIL ADDRESS:

FAX NO: TELEPHONE NO:

6. GOVERNMENT AGENCY(IES), ORGANISATION(S) OR INDUSTRIAL FACILITY(IES) TO BE VISITED - (Annex 1 to be completed)

7. DATE OF VISIT (dd/mm/yyyy): FROM TO

8. TYPE OF INITIATIVE (Select one from each column):

<input type="checkbox"/> Government initiative <input type="checkbox"/> Commercial initiative	<input type="checkbox"/> Initiated by requesting agency or facility <input checked="" type="checkbox"/> By invitation of the facility to be visited
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9. IS THE VISIT PERTINENT TO:

- Specific equipment or weapon system
- Foreign military sales or export licence
- A programme or agreement
- A defence acquisition process
- Other

Specification of the selected subject:

Training and Education in M&S

10. SUBJECT TO BE DISCUSSED / JUSTIFICATION / PURPOSE *(To include details of host Government/Project Authority and solicitation/contract number if known and any other relevant information. Abbreviations should be avoided):*

To attend the "15th NATO Computer Assisted Exercises Specialist Certification Course " at NATO M&S COE

11. ANTICIPATED HIGHEST LEVEL OF INFORMATION / MATERIAL OR SITE ACCESS TO BE INVOLVED:

Only if required by the laws/regulations of the countries involved

- Unclassified
- RESTRICTED

- CONFIDENTIAL
- SECRET
- TOP SECRET
- Other

12. PARTICULARS OF VISITOR(S) - (Annex 2 to be completed)

13. THE SECURITY OFFICER OF THE REQUESTING GOVERNMENT AGENCY, ORGANISATION OR INDUSTRIAL FACILITY:

NAME:

TELEPHONE NO:

E-MAIL ADDRESS:

SIGNATURE:

STAMP

All fields must be completed and the form communicated via Government-to-Government

14. CERTIFICATION OF SECURITY CLEARANCE LEVEL:

NAME:

STAMP

ADDRESS:

TELEPHONE NO:

E-MAIL ADDRESS:

SIGNATURE:

DATE (dd/mm/yyyy):

15. REQUESTING NATIONAL SECURITY AUTHORITY / DESIGNATED SECURITY AUTHORITY:

NAME:

STAMP

ADDRESS:

TELEPHONE NO:

E-MAIL ADDRESS:

SIGNATURE:

DATE (dd/mm/yyyy):

16. REMARKS (*Mandatory justification required in case of an emergency visit:*)

ANNEX 1 TO RFV FORM

All fields must be completed and the form communicated via Government-to-Government

GOVERNMENT AGENCY(IES), ORGANISATION(S) OR INDUSTRIAL FACILITY(IES) TO BE VISITED

Add

Military Government Industry NATO EU Other

NAME: NATO M&S COE

ADDRESS: Piazza Villoresi 1 - 00143 Roma

TELEPHONE NO: +39 0646914377

FAX NO:

NAME OF POINT OF CONTACT: CDR (ITA N) Dino D. TROPEA

E-MAIL: mscoe.det02@smd.difesa.it

TELEPHONE NO: +39 0646914383

NAME OF SECURITY OFFICER OR
SECONDARY POINT OF CONTACT: CDR (ITA N) Eric Gustavo Mortilla

E-MAIL: mscoe.sp01@smd.difesa.it

TELEPHONE NO: +39 0646914365

Delete

ANNEX 2 TO RFV FORM

All fields must be completed and the form communicated via Government-to-Government

PARTICULARS OF VISITOR(S)

Add

Military Defence Public Servant Government Industry/Embedded Contractor NATO Employee EU Employee Other

SURNAME:

FORENAMES (as per passport):

RANK (if applicable):

DATE OF BIRTH (dd/mm/yyyy):

PLACE OF BIRTH:

NATIONALITY:

SECURITY CLEARANCE LEVEL:

PP/ID NUMBER:

POSITION:

COMPANY/AGENCY:

Delete