

VISIT REQUEST

(Reference DoD 5200.1-R para 7-104, and 7-105; AFI 31-401, para 7.4; DoD 5220.22R, Section III, Parts 1, 2, and 3; AFI 31-601, Chapter 3.
Mark inapplicable items NA. Continue on reverse, identify by number/column.)

PRIVACY ACT STATEMENT

AUTHORITY: 40 U.S.C. 8013, Secretary of the Air Force; Powers and Duties; Delegation by.
PRINCIPAL PURPOSE: To identify persons seeking approval to visit Air Force and contractor activities when access to classified information is or might be involved.
ROUTINE USES: Information may be disclosed for any of the routine uses published by the Air Force.
DISCLOSURE IS VOLUNTARY: Failure to provide the information will result in disapproval of visit request.

TO: 9th Annual Mirror Technology Days in the Government Conference, Export Control Session and US Government Agency/Contractor Session Conference
POC

FROM: XYZ Company (US GOVERNMENT or GOVERNMENT CONTRACTOR)

1. VISIT APPROVAL IS REQUESTED FOR THE FOLLOWING PERSONNEL. VISIT WILL BE CONSIDERED APPROVED UNLESS OTHERWISE NOTIFIED.

NAME, GRADE, SSN, AND JOB TITLE A	CITIZENSHIP (Alien registration no., if applicable) AND DATE AND PLACE OF BIRTH B	OFFICE/ACTIVITY OF ASSIGNMENT AND ADDRESS C	LEVEL OF CLEARANCE D	LEVEL OF ACCESS E
John Smith, Aerospace Engineer Sally Davis, Optical Engineer (NO SOCIAL SECURITY NUMBER PLEASE)	USA	XYZ Company 1234 Park Place Way San Jose, CA 12345	N/A	N/A
2. NAME AND ADDRESS OF ACTIVITY TO BE VISITED 9th Annual Mirror Technology Days in the Government Conference, Export Control Session and US Government/Contractor Session Conference POC	3. DATE(S) AND DURATION OF VISIT 16 to 18 June 2009		4. NAME(S) AND JOB TITLES OF PERSON(S) TO BE VISITED N/A	

5. PURPOSE AND JUSTIFICATION FOR VISIT (include contract number, project, program, if applicable)
 Mirror Technology Days Export Control Session plus US Government Agency and Contractors session

6. SPECIAL ACCESS PROGRAM AUTHORIZATIONS (Name and access level of program or project and office or activity granting access)
 N/A

TYPED NAME, GRADE, & TITLE OF CERTIFYING OFFICIAL Betty Johnson, Facility Security Officer	SIGNATURE	TELEPHONE NUMBER (123) 456-7890	DATE (YYYYMMDD) 20070712
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