

## FOREIGN VISIT APPROVAL REQUEST

### Part I - Classification of Information for Disclosure During Visit

Classified (TS//S//C)                       Unclassified Sensitive                       Public Domain

### Part II - Visitor Information

Visitor Name: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Agency/Company: \_\_\_\_\_

Rank/Title: \_\_\_\_\_

### Part III - Visit Specifics

Visit Type:     Official     Unofficial     Business     Courtesy Call

Visit Duration:    One Time     Recurring     Extended

Visit Dates: \_\_\_\_\_

Location: \_\_\_\_\_

Type of Information:     Navy     Proprietary     Academic     Other

Direction of Information Exchange:    Mutual     NSWCCD to Visitor

Visitor to NSWCCD

Specific Topics to Discussed: \_\_\_\_\_

Visit Requested by:    Visitor     NSWCCD     Other    \_\_\_\_\_

Request Submitted via NAVY IPO:    No     Yes    Date: \_\_\_\_\_

Case No.: \_\_\_\_\_

### Part IV - Disclosure Authority

**\*REQUIRED FOR ALL DISCLOSURES OF CLASSIFIED AND UNCLASSIFIED SENSITIVE INFORMATION**

Agreement:    DEA     IEP     MOU     Contract     Other     N/A

Agreement Number: \_\_\_\_\_

Project Officer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Part V - Visit Purpose

Visitor Purpose: (BE SPECIFIC)

**FOREIGN VISIT APPROVAL REQUEST (Cont'd)**

**Part VI - Visitor Sponsor**

By signature below, I acknowledge and accept responsibility for all matters concerning the conduct of this visit. I have read and understand the guidance contained in CARDEROCKDIVINST 5500.4 concerning escort requirements and disclosure authorization for visits by foreign nationals to NSWCCD. As the Contact Officer, I accept responsibility to ensure that ONLY THAT INFORMATION WHICH HAS BEEN APPROVED FOR DISCLOSURE, is released to the visitor during the conduct of this visit, and that at no time will hard copy materials be released to the visitor for permanent retention.

PRINTED NAME/CODE/TELEPHONE NUMBER/OFFICE

SIGNATURE

DATE

**Part VII - Visit Escort**

By signature below, I acknowledge and accept escort responsibility for the conduct of this visit. I have read and understand the guidance contained in CARDEROCKDIVINST 5500.4 concerning escort requirements and disclosure authorization for visits for foreign nationals to NSWCCD. As the designated escort, I accept responsibility to provide continuous shoulder-to-shoulder escort of the visitor, and to ensure that ONLY THAT INFORMATION WHICH HAS BEEN APPROVED FOR DISCLOSURE is released to the visitor during the conduct of this visit, and that at no time will hard copy materials be released to the visitor for permanent retention.

PRINTED NAME/CODE/TELEPHONE NUMBER/OFFICE

SIGNATURE

DATE

**Part VIII - Visit Certification (Branch/Division/Dept Head)**

By signature below, I confirm that the requested visit is in the best interest of the United States, and that the purpose of this visit has an identifiable benefit to the United States, DOD, U.S. Navy, and NSWCCD. **Note – This signature cannot be the Sponsor or Escort.**

PRINTED NAME/CODE/TELEPHONE NUMBER/OFFICE

SIGNATURE

DATE

**Part IX - Security Review (Foreign National POC)**

- Approved
- Disapproved

Reason:

PRINTED NAME

SIGNATURE

DATE

*Please notify the Dept Contact below upon approval/disapproval of visit:*

Dept Contact/Phone #