S&TCD Unclassified Facility Visit Request Worksheet

February 2013 - Previous editions obsolete

Full Name *(LAST, First, Middle)*

Current Nationality/Citizenship

Dual Citizenship? ☐ YES ☐ NO

If YES, List Countries

If YES, Immigrant Alien Number

Visa Type/Status

Passport Number/Country Issued

Visitor's Organization

Mailing Address

City

State

Zip Code

Country

Other Explanation

Visit Information

(To be completed by visitor's sponsor - DO NOT include classified information on this form.)

Destination Organization Point(s) of Contact *(Name, Building, Phone Number)*

CERDEC S&TCD Mr. Scott Newman, Bldg 6010 443-395-8571 (scott.a.newman18.civ@mail.mil)

Date of Arrival

Visit Expiration Date

Purpose of Visit

VISC Software Installation and Test

Signature of Visitor: Insert Social Security Number Here

DATA REQUIRED BY THE PRIVACY ACT (5 U.S.C. 522a)

Authority under Executive Order 9397 for the purpose of ensuring positive identification. Use of the SSN is to ensure positive identification. Routine use is to obtain authorization for your visit to these facilities and access to classified information at the host organization. .Disclosure is voluntary; however,failure to provide the information may result in denial of access to host organization and access to classified information. Personnel requiring SCIF access must also provide a room number and office code for the individual or organization being visited.

Worksheet Instructions

For Non-S&TCD visitors all fields will be completed to ensure information required is available to complete the visit approval process. This forms must be submitted to the POC for processing.

All foreign national visitors require all fields be completed, and must be submitted through the IPOC to the Security Office for processing.

For S&TCD assigned/attached U.S. military, DoD employees, and supporting contractor personnel complete the following fields:

POC Name:
POC Phone Number:
Dates of Visit:

*** Completed form must be signed and submitted 72 hours prior to the Security Office for processing by the POC.**

POC Signature : _____