

# Visitor Clearance Request Form

**DATE:** \_\_\_\_\_

**NAME(S):** \_\_\_\_\_

**NAME & COMPLETE ADDRESS OF FACILITY TO BE VISITED (REQUIRED):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PURPOSE OF VISIT (REQUIRED):** \_\_\_\_\_

**CONTRACT NUMBER (GOVERNMENT CONTRACT NUMBER, NOT DELEX MIS NUMBER) (REQUIRED):** \_\_\_\_\_

**DATE(S) OF VISIT (REQUIRED):** \_\_\_\_\_

**POINT OF CONTACT (REQUIRED):** \_\_\_\_\_

**CONTACT PHONE NUMBER (REQUIRED):** \_\_\_\_\_

**FAX NUMBER (REQUIRED):** \_\_\_\_\_

**Please provide all the requested information in as much detail as possible.**

**ATTENTION**  
**ALL VISIT REQUESTS MUST BE SUBMITTED TWO WEEKS BEFORE VISIT.**