One–time (**x**) **REQUEST FOR VISIT** Annex(es)

Recurring ( ) [ ] Yes: \_\_\_

[ ] No

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **1.** | **ADMINISTRATIVE DATA** | | | | | | | | | | | | | | | | |
|  | REQUESTOR:  TO: | | | | | |  | | | | DATE:  VISIT ID: | | | | |  | |
|  |  | | | | | | | | | | | | | | | | |
| **2.** | **REQUESTING GOVERNMENT AGENCY OR INDUSTRIAL FACILITY** | | | | | | | | | | | | | | | | |
|  | NAME: | | | | | |  | | | | | | | | | | |
|  | POSTAL ADDRESS: | | | | | |  | | | | | | | | | | |
|  | TELEX/FAX No.: | | | | | |  | | | | | | | | | | |
|  | POINT OF CONTACT: | | | | | |  | | | | | | | | | | |
|  |  | | | | | |  | | | | | | | | | | |
| **3.** | **GOVERNMENT AGENCY OR INDUSTRIAL FACILITY TO BE VISITED** | | | | | | | | | | | | | | | | |
|  | NAME: | | | | | | NATO MODELLING & SIMULATION – CENTRE OF EXCELLENCE  Within the  Italian Defence General Staff - 6th Division Compound – DE CICCO Barracks | | | | | | | | | | |
|  | ADDRESS: | | | | | | Piazza R. Villoresi, 1 – 00143 Rome, Italy | | | | | | | | | | |
|  |  | | | | | |  | | | | | | | | | | |
|  | TELEX/FAX No.: | | | | | |  | | | | | | | | | | |
|  | TELEPHONE No.: | | | | | | +39 06 4691 4377 | | | | | | | | | | |
|  |  | | | | | |  | | | | | | | | | | |
|  | POINT OF CONTACT: | | | | | | CDR. ALBERTO PASQUALINI | | | | | | | | | | |
|  | e- mail: mscoe.det06@smd.difesa.it | | | | | | | | | | | | | | | | |
| **4.** | **DATES OF VISIT**: FROM 21/01/2020 TO 23/01/2020 | | | | | | | | | | | | | | | | |
| **5.** | **TYPE OF VISIT:** (SELECT ONE FROM EACH COLUMN) | | | | | | | | | | | | | | | | |
|  | (x) GOVERNMENT INITIATIVE ( ) INITIATED BY REQUESTING AGENCY OR FACILITY  ( ) COMMERCIAL INITIATIVE (x) BY INVITATION OF THE FACILITY TO BE VISITED | | | | | | | | | | | | | | | |  |
| **6.** | **SUBJECT TO BE DISCUSSED / JUSTIFICATION** | | | | | | | | | | | | | | | | |
|  | NATO MODELLING & SIMULATION TASK GROUP MSG-165 – 7TH MEETING | | | | | | | | | | | | | | | | |
| **7.** | **ANTICIPATED LEVEL OF CLASSIFIED INFORMATION TO BE INVOLVED:** | | | | | | | | | | | | | | | | |
|  | UNCLASSIFIED | | | | | | | | | | | | | | | | |
| **8.** | **IS THE VISIT PERTINENT TO:** | | | | | | | | | | | ( ) SPECIFY: | | | | | |
|  |  | | | | | | | | | | |  | | | | | |
|  | A SPECIFIC EQUIPMENT OR WEAPON SYSTEM | | | | | | | | | | | ( ) | | | | | |
|  | FOREIGN MILITARY SALES OR EXPORT LICENCE | | | | | | | | | | | ( ) | | | | | |
|  | A PROGRAMME OR AGREEMENT | | | | | | | | | | | ( ) | | | | | |
|  | A DEFENCE ACQUISITION PROGRESS | | | | | | | | | | | ( ) | | | | | |
|  | OTHER | | | | | | | | | | | (x) MSG 165 | | | | | |
| **9.** | | | **PARTICULARS FOR VISITORS** | | | | | | | | | | | | | | |
|  | NAME: | | | | |  | | | | | | | | | | | |
|  | DATE OF BIRTH: | | | | | | | | | PLACE OF BIRTH: | | | | | | | |
|  | SECURITY CLEARANCE: | | | | | | | | | NATIONALITY: | | | | | | | |
|  | POSITION: | | | | | | | | | ID/PP NUMBER: | | | | | | | |
|  | COMPANY / AGENCY:  OFFICE PHONE N.:  EMAIL: | | | | | | |  | | | | | | | | | |
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| **10.** | | | **THE SECURITY OFFICER OF THE REQUESTING GOVERNMENT AGENCY OR INDUSTRIAL FACILITY** | | | | | | | | | | | | | | |
|  | |  | | | | | | |  | | | | | |  | | |
|  | | NAME: | | | | | | | TELEPHONE No.: | | | | | |  | | |
|  | | SIGNATURE: | | | | | | | |  | | | | | | | |
| **11.** | | | **CERTIFICATION OF SECURITY CLEARANCE** | | | | | | | | | | | | | | |
|  | NAME: | | | | | | | | | | | | | | | | |
|  | ADDRESS: | | | | | | | | | | | | | STAMP | | | |
|  | | | | | |  | | | | | | |  | | | | |
|  | TELEPHONE: No.: | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | |  | | | | |
|  | SIGNATURE: | | | | | | | | | | | | | (optional) | | | |
|  | | |  | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | |
| **12.** | | | **REQUESTING NATIONAL SECURITY AUTHORITY** | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | |  | | | | |
|  | NAME: | | | | | | | | | | | | | | | | |
|  | ADDRESS: | | | | | | | | | | | | | STAMP | | | |
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|  | | | | | |  | | | | | | |  | | | | |
|  | TELEPHONE: No.: | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | |  | | | | |
|  | SIGNATURE: | | | | | | | | | | | | | (optional) | | | |
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| **13.** | | | **REMARKS** | | | | | | | | | | | | | | |
|  | | | **The present RFV should be processed through the usual Embassy route.** | | | | | | | | | | | | | | |
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