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

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

 [ ] No

|  |  |
| --- | --- |
| **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 EXCELLENCEWithin 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: |    |
|  |  |
|  |  |
| **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 |
|  |  |  |
|  |  |  |
|  | TELEPHONE: No.: |
|  |  |  |
|  | SIGNATURE: | (optional) |
|  |  |  |
|  |  |
| **13.** | **REMARKS** |
|  | **The present RFV should be processed through the usual Embassy route.** |
|  |  |
|  |  |
|  |  |