REQUEST FOR VISIT

Print Form

1. ADMINISTRATIVE DATA

REQUESTOR: Date:

TO: **NURC** VISIT ID: N/A

2. REQUESTING GOVERNMENT AGENCY / INSTITUTION OR INDUSTRIAL FACILITY

NAME:

POSTAL ADDRESS:

3. GOVERNMENT AGENCY OR INDUSTRIAL FACILITY TO BE VISITED

NAME: NURC

ADDRESS: Viale San Bartolomeo, 400 - 19126 La Spezia - Italy

TELEFAX NR: +39-0187-527354 TELEPHONE N. +39-0187- 527273

POINT OF CONTACT: Ms. Karna Bryan DEPARTMENT: Applied Research

4. DATE OF VISIT: 18 / May / 12

5. TYPE OF VISIT (SELECT ONE FROM EACH COLUMN):

	GOVERNMENT INITIATIV	X	INITIATED BY REQUEST AGENCY OR FACILITY
	COMMERCIAL INITIATIV		BY INVITATION OF THE FACILITY TO BE VISITED

6. SUBJECT TO BE DISCUSSED (max 5 lines)

CSIGMA WORKSHOP

7. ANTICIPATED LEVEL OF CLASSIFIED INFORMATION TO BE INVOLVED: **UNCLASSIFIED**

8.I S THE VISIT PERTINENT TO: **SPECIFY:**

A SPECIFIC EQUIPMENT OR WEAPON SYSTEM	
FOREIGN MILITARY SALES OR EXPORT LICENCE	
A PROGRAMME OR AGREEMENT	
A DEFENCE ACQUISITION PROGRAMME	
OTHER	International Workshop

9. PARTICULARS OF VISITOR

NAME:					
Date of birth:		Place of birth:			
Security Clearance:		ID/Passport n.		Nationality:	
Position:					
Company/Agency:					

10. REQUESTING AUTHORITY OF AGENCY / INSTITUTION

NAME: PH n. FAX n:

SIGNATURE: _____

SECURITY CERTIFICATION AND STATEMENT

Please note that certification of security clearance can only be accepted by NURC if signed and stamped by the local Agency/Institution Security Authority, then faxed or forwarded by email as PDF file.

11. CERTIFICATION OF SECURITY CLEARANCE

NAME:

ADDRESS:

PHONE N.

SIGNATURE: _____

OFFICIAL SEAL OR STAMP

12. REMARKS

Print Form