# VISITOR ACCESS REQUEST

**INSTRUCTIONS**

There will be different levels of processing depending on the type of visit, level of access required as determined by local CBP.  Completion of information does not guarantee access, vetting results are communicated to CBP host contact only.

| VISITOR INFORMATION | Please Ensure Legible | |
|---|---|---|
| NAME OF VISITOR (**LAST**, First, Middle) | GENDER | DATE OF BIRTH (MM-DD-YY) |
| CITY, STATE, AND COUNTRY OF  BIRTH | COUNTRY(IES) OF CITIZENSHIP  List All | |
| U.S. ADDRESS: | SOCIAL SECURITY NUMBER | VISITOR Cell/Mobile: |
| PASSPORT COUNTRY OF ISSUE (PLEASE PROVIDE COPY OF PHOTO PAGE) | PASSPORT NUMBER | PASSPORT EXPIRATION DATE (MM-DD-YY) |
| CURRENT EMPLOYER / DIVISION / OFFICE | TYPE OF BUSINESS/ORGANIZATION | |
| EMPLOYER ADDRESS (STREET, CITY, STATE, ZIP CODE, COUNTRY) | | EMPLOYER PHONE NUMBER |
| VISITOR JOB TITLE / POSITION | | VISITOR CONTACT NUMBER AND EMAIL |

| VISIT INFORMATION | Local CBP Will Complete This Section | |
|---|---|---|
| DATE OF REQUEST | DHS VISITOR HOST NAME (LAST, F MIDDLE) | Does host have a security clearance? ☐ Yes  ☐ No |
| HOST ORGANIZATION (ELEMENT,DIVISION,OFFICE) | | |
| HOST PHONE NUMBER | HOST E-MAIL ADDRESS | HOST FAX |
| VISIT START DATE | VISIT END DATE | NUMBER OF DAYS ON SITE |

Will any sensitive/classified information be discussed?
☐ Yes   ☐ No

**UNCLASSIFIED** DESCRIPTION OF VISIT PURPOSE / SUBJECTS TO BE DISCUSSED / INTERNATIONAL AGREEMENTS

FULL NAME OF ORGANIZATION AND PROGRAM TO BE VISITED

FACILITIES TO BE VISITED (INCLUDE BUILDING NAME/NUMBER, ADDRESS, ROOM NUMBERS, AND HIGHEST LEVEL OF CLASSIFICATION FOR WHICH THE FACILITY IS ACCREDITED – UNCLASSIFIED, SECRET, SCI,)

DHS VETTING NUMBER:                                                    NTC VETTING NUMBER:

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