

CMRE REQUEST FOR VISIT

Date: _____

1. REQUESTING GOVERNMENT AGENCY / INSTITUTION OR INDUSTRIAL FACILITY

NAME: _____

POSTAL ADDRESS: _____

2. PARTICULARS OF VISITOR

Name: _____
(First/Surname, Title/Rank)

Date of birth: _____ Place of birth: _____
(dd/mmm/yy)

Security Clearance: _____ ID/Passport n. _____ Nationality _____

Company/Agency/Institution : _____

Position: _____

3. STO CMRE STAFF TO BE VISITED

NAME: _____ DEPARTMENT: _____

FAX NUMBER: _____ PHONE NUMBER _____

4. DATE(S) OF VISIT: _____
(dd/mmm/yy)

5. SUBJECT AND CLASSIFICATION OF INFORMATION TO BE DISCUSSED

6. REQUESTING AUTHORITY OF AGENCY / INSTITUTION

NAME: _____ PHONE N.: _____ FAX N.: _____

SIGNATURE: _____

7. CERTIFICATION OF SECURITY CLEARANCE (if applicable)

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

SIGNATURE: _____

OFFICIAL SEAL
OR STAMP

SECURITY CERTIFICATION AND STATEMENT

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