

# FNMOC VISIT REQUEST & VISITOR CLEARANCE INFORMATION

FROM (Complete Address of Requesting Organization):	Date of Request:
TO: Fleet Numerical METOC Center 7 Grace Hopper Ave Stop 1 Monterey CA 93943-5501 Attention Security Office      FAX: 831-657-1530	FNMOC Point of Contact & Phone # (Military or Federal Employee only):
	Access Level Required During Visit:

Duration of Visit (1 year max for CAC holders, 6 months max for non-CAC holders):  
 Arrival date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Departure date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Purpose of Visit:

## VISITOR INFORMATION

NAME, RANK/TITLE/POSITION AND CONTACT INFORMATION	SOCIAL SECURITY NUMBER/ DATE AND PLACE OF BIRTH	SECURITY CLEARANCE INFO
Full Name:	DoD ID # or SSN:	Level:
Rank/Title:	DOB:	Investigation date:
Email:	POB:	Invest. Agency:
Phone number:	Citizenship: US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Other <input type="checkbox"/>	CAC card? Yes ____ No ____
Full Name:	DoD ID # or SSN:	Level:
Rank/Title:	DOB:	Investigation date:
Email:	POB:	Invest. Agency:
Phone number:	Citizenship: US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Other <input type="checkbox"/>	CAC card? Yes ____ No ____
Full Name:	DoD ID # or SSN:	Level:
Rank/Title:	DOB:	Investigation date:
Email:	POB:	Invest. Agency:
Phone number:	Citizenship: US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Other <input type="checkbox"/>	CAC card? Yes ____ No ____
Full Name:	DoD ID # or SSN:	Level:
Rank/Title:	DOB:	Investigation date:
Email:	POB:	Invest. Agency:
Phone number:	Citizenship: US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Other <input type="checkbox"/>	CAC card? Yes ____ No ____
Full Name:	DoD ID # or SSN:	Level:
Rank/Title:	DOB:	Investigation date:
Email:	POB:	Invest. Agency:
Phone number:	Citizenship: US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Other <input type="checkbox"/>	CAC card? Yes ____ No ____
NAME, RANK AND TITLE OF OFFICIAL AUTHORIZING VISIT AND CLEARANCE:		PHONE #:
		E-MAIL:

SIGNATURE OF AUTHORIZING OFFICIAL (required): (This form is not to be signed by the person requesting to visit!)

Revised Apr 2014

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