SEC 143-1: Visit Authorization Request Form

> **A Visit Authorization Request (VAR) is required when visiting the following locations if such visit requires access to classified information:**
> - **Government Agency, Department, or Office**
> - **Department of Defense (DoD) Command or Location**
> - **Defense Contractor Company/Entity**
>
> **(Note:** *Some entities/locations will require a VAR be prepared and transmitted for unclassified visits.***)**

The visitor organization (IntegrITS) shall submit a VAR providing the specifics of a visitor's Personnel Security Clearance (PCL) via the DOD Personnel Security System of Record. The DOD Personnel Security System of Record provides real-time eligibility determinations and investigative status to authorized security personnel. It is used to decide whether a person may be granted access to classified information. The system is used by FSOs and designated security personnel, DCSA IS Reps, and other DOD agencies.

Security Management Office (SMO) CODE: *The SMO code is for the location/organization the traveler is planning to visit. Obtain this code from the Point of Contact (POC) before submitting a request. Visit requests without an SMO will not be processed. The name of the location/organization is also required and used to verify the provided SMO CODE.*

SMO CODE: _____ **Name of Location/Organization:** _____

Reason for Visit: _____

Visit Dates: *List the first and last day of the visit. If the traveler plans to make multiple trips to the same location over a period of time, the beginning and end dates should reflect this. For example, if the traveler plans to travel 05/19/2025 – 05/22/2025 and 06/02/2025, the "first day of visit" should be listed as 05/19/2025 and the "last day of visit" should be listed as 06/02/2025.*

First Day of Visit (MM/DD/YYY): _____ **Last Day of Visit (MM/DD/YYY):** _____

Level of Classified Information Access required: _____

Point of Contact (POC) Information: *List the name, phone number, & email address of the person you are planning to visit, or the person coordinating the visit.*

POC Name: _____ **POC Phone:** _____ **POC Email:** _____

Name of Traveler(s): *Large groups of travelers may submit additional names via email with completed form.*

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Requestor Digital Signature

Complete all elements of the Request Form and email to the security office at fso@integrits.com no less than 5 business days prior to First Day of Visit.	