

CLASSIFICATION _____

(If applicable)

REQUEST FOR VISIT CERTIFICATION

PRIVACY ACT STATEMENT

AUTHORITY: DoD 5200.2-R, Information Security Program; and DoD C-5200-2-R, Personnel Security Program; and DoD 5105.21-M-1, Sensitive Compartmented Information Administrative Security Manual.

PRINCIPLE PURPOSE: To maintain accountability for NGA personnel whose security clearance and accesses have been verified and certified to other Government agencies (to include other DoD organizations) and/or contractors.

ROUTINE USES: Information provided, when compared with information known to, or normally in the possession of an individual, is used to verify and certify the security clearance and or access of NGA employees and affiliates. The information may be disclosed to all those charges at the activities in question.

DISCLOSURE (MANDATORY OR VOLUNTARY; CONSEQUENCES; ETC.): Completion of this form, including the disclosure of your social security number is voluntary. Failure on your part, however, to ensure all questions, items or any misrepresentation (by omission or concealment, or by misleading, false, or partial answers); will serve as a basis for denial of request to pass security clearance and accesses for visits to other Government agencies and/or contractors.

Clearance/Accesses Required for Visit: _____ **Date (current):** _____

Place to Visit: _____ **Technical POC:** _____
Phone: _____

Dates of Visit From: _____ **To:** _____

Security POC:	Telephone Numbers Admin: Secure:	Fax Numbers Admin: Secure:
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M3 PLA: _____ **JPAS SMO:** _____

Purpose of Visit: _____

Requested by:	Admin Phone:	Secure Phone:
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**Request the following person(s) be granted visit access approval.
 If denied, request notification by the most direct means.**

Name	Gov't	Cont'	Place of Birth	DOB	Social Security Number	U.S. Citizen	Clearance/Accesses
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

NGA FORM 5212-6, April 08

REPLACES NGA FORM 5212-6, Jan 08, WHICH IS OBSOLETE.

CLASSIFICATION _____

(If applicable)

DERIVED FROM:
 DECLASSIFY ON:

CLASSIFICATION _____

(If applicable)

SECURITY USE ONLY

On _____ the attached information was verified by this office and passed

To: _____ by: _____

via: message (DTG: _____)

fax

mailed

Telcon (telephone number):

REMARKS:

Name of Security Officer (Printed or Type)	Signature	Date
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