FVR ISR to USA

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| **Administrative Data** | | | | | | | | | | | | | | | | | | | | | | | |
| Requestor: | | | Israel Embassy | | | | | |  | | | | | |  | | | | | |  | | |
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| **Requesting Government Agency or Industrial Facility** | | | | | | | | | | | | | | | | | | | | | | | |
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| **Government Agency or Industrial Facility to be Visited** | | | | | | | | | | | | | | | | | | | | | | | |
| Cage/SMO Code: | |  | | | | | | Organization/Service: | | | | | |  | | | | | | | | | |
| Organization Name: | |  | | | | | | | | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | City: | |  | | | | | | | State: | |  | | | | | Zip: | | |  | | |
| Point of Contact: | |  | | | | | | | | | | | |  |  | | | | | | | |  |
| Fax: | |  | | | | | | | | Phone (1): | | | | |  | | | | | | | |  |
| Email: | |  | | | | | | | | Phone (2): | | | | |  | | | | | | | |  |
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| **Dates of Visit** | | DD | | | MM | | | YYYY | |  | | | | | DD | | MM | | YYYY | | | |  |
| From: | |  | | |  | | |  | | To: | | | | |  | |  | |  | | | |  |
| **Installation Type:**  (choose one) | |  | | | | | | | |  | | | | | |  | | | | | | |  |
| **Type of Visit:**  (choose one) | |  | | | | | | | | | | | | |  | | | | | | | | |
| **Anticipated Level of Classification:**  (choose one) | | | | | | | | |  | | | | | |  | | | | | | |  | |
| **Subjects to be Discussed:** | | | | | | | | | | | | | | | | | | | | | | | |
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| **Knowledgeable U.S. Person:** | | | | | |
| Name: |  | | | | |
| Phone: |  | | | | |
| Organization: |  | | | | |
|  |  |  | |  |  |
| **Embassy Point of Contact:** | | | | | |
| Name: | Ms. LIRON BROSH | | | | |
| Phone: | (202) 364-5466 | | | | |
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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **The Security Officer of the Requesting Government Agency/Industrial Facility:**  (required if request is classified) | | | | | | Name: |  | | | | | Phone: |  | | | | |  |  |  |  |  | | | | | | |
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| **Embassy Private Notepad:** | | | | | |
| **(Additional Notes)** |  | | | | |

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