FVR ISR to USA

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| **Administrative Data** |
| Requestor: | Israel Embassy |  |  |  |
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| To (choose one): |  |  |  |
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| DoD Visit: |  |  |  |  |
| Visit Type (choose one): |  |  |  |  |
|  |  |  |  |  |
| **Requesting Government Agency or Industrial Facility** |
| Name: |  |
| Address: |  |
|  |  |  |  |  |
| **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): |   |  |
|  |  |  |  |  |
| **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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| **Certification of Security Clearance:**(required if request is classified) |
| Name: |   |
| Address: |   |
| Phone: |   |
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| **Embassy Private Notepad:** |
| **(Additional Notes)** |   |

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| **Particular of Visitors:** |
|  | Name: |  |
| Company/Agency: | . |
| Position/Title: |  |
| Date of Birth (dd/mm/yy): |  | Place of Birth: |  |
| Nationality: |  | Senior Visitor: |  |  |
| Clearance: |  | NATO Access: |  |  |
| ID/PP Number: |  |
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