



**DEPARTMENT OF HOMELAND SECURITY
NATIONAL PROTECTION AND PROGRAMS DIRECTORATE
VISITOR REQUEST FORM**

OMB Control Number: [1670-NEW]
Expiration Date: XX/XX/XXXX

1. Meeting Information

To be completed by the NPPD POC. Meeting requests must be submitted from a valid HQ.DHS.GOV (FED or CTR) e-mail address

NPPD POC: _____ Phone Number: _____

Escort: _____ Phone Number: _____

Purpose of Visit: _____

Check if Applicable: Special Event SCIF Tour Foreign Visitors Freight Delivery Vendor Services IT / Facility Project

Date(s) of Visit: From: _____ Time: _____ To: _____ Time: _____

Location of Visit: Facility: _____ Floor & Room: _____

Meeting Classification Level: _____ Access Level: SI TK G HCS NATO

2. Visitor Information

To be completed by the Visitor(s). All PII must be handled in accordance with DHS Privacy Policy. If additional space is needed, the 11000-39 Form may be submitted with an attached [spreadsheet](#).

Name	Agency/Company	Last Four of SSN (For Classified Meetings Only)

3. Click a SUBMIT Button Below

Submit your Visit Request Form to your respective Facility Security Representative

Classified and Unclassified SCIF Visits and Tours (Submit to the SSO)	Classified and Unclassified General Facility Visits (Non SCIF) (Submit to the FSO)

Privacy Act Notice | Authority: 5 U.S.C. 301; the Homeland Security Act, codified in Title 6 of the U.S. Code; 44 U.S.C. 3101; and Executive Order (EO) 9397; EO 12968; and Federal Property Regulations, issued July 2002, authorize the collection of this information. | **Purpose:** This information is being collected to facilitate DHS facility and perimeter access control, including access to DHS information technology and access to classified facilities, as well as visitor security and management. | **Routine Uses:** The information on this form may be disclosed as generally permitted under 5 U.S.C. §552a(b) of the Privacy Act of 1974, as amended. This includes using information, as necessary and authorized by the routine uses published in DHS/ALL-024 Facility and Perimeter Access Control Management System of Records. | **Disclosure:** The disclosure of information on this form is voluntary; however, failure to provide the information requested may prevent the individual from receiving visit authorization or access to DHS information technology or facilities.

Paperwork Reduction Act: The public reporting burden to complete this information collection is estimated at 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and the completing and reviewing the collected information. The collection of information is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number and expiration date. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Homeland Security, National Protection and Programs Directorate, Office of Compliance and Security, 245 Murray Lane, SW, Mail Stop 0640, Washington, DC 20598-0640., ATTN: PRA [OMB Control No. 1670-NEW].