



Visit Authorization Request (VAR) Instructions

Frequent Government Visitors — Contractors — Federal Agencies Visitors/Detailees

The following information must be submitted to the Office of National Security (ONS) by fax to 202-690-7368 or email at PersonnelSecurity@hhs.gov from the visitor's Parent Agency according to the following guideline:

Must be submitted to ONS Personnel Security resource mailbox at PersonnelSecurity@hhs.gov on the new HHS 848 form. Must be signed by an authorizing official from the requesting office and submitted at least five **(5) days** before scheduled visit. Please note that VARs not submitted at least five **(5) days** prior to the visit request, are subject to a delay in processing or rejection.

Subject's Identifying Information:

- Full Name (official birth name)
- Date of Birth/Place of Birth
- Social Security Number (Full number is necessary)
- Name of Agency (employer)

Subject's Security Clearance Information: *(Provided by the Agency's Security Office)*

- Level of Clearance granted
- Date Clearance was granted
- Clearance Granting Agency
- Type of Investigation completed
- Periodic Re-investigation update (if applicable)
- Investigating Agency (if different from granting agency)

Visit Information:

- Purpose of visit (i.e, meeting, training, etc)
- If the Visitor will be traveling to an U.S. Embassy or Overseas Post, please list the specific Post or Embassy
- Length of visit (FORMAT: MM/DD/YEAR — MM/DD/YEAR); Perm Cert should not exceed one year
- Point of Contact: (MUST include first, last name, office number, email address, fax number, and telephone number)
- Perm Certs should not exceed one year (1)



Visit Authorization Request

AUTHORITY: E.O . 12968 Access to Classified Information, the Privacy Act of 1974 5 U.S.C. 552a

PRINCIPLE PURPOSE: To maintain accountability for DHHS personnel whose security clearance and accesses have been verified and certified to other Government agencies (to include other DHHS organizations) and/or contractors. Information provided is used to verify and certify the security clearance and access of DHHS employees and affiliates. The information may be disclosed to all authorized personnel to whom verification is required.

INSTRUCTIONS: This form must be completed and submitted to PersonnelSecurity@hhs.gov for processing at least five (5) business days in advance of proposed visits. **All fields are mandatory.**

SECTION 1: VISIT INFORMATION

REQUEST TYPE One-Time Request (*Incoming or Outgoing Visit*) PERM CERT (*one (1) Year, Multi-visits throughout the Year*) International/Overseas Request (*two (2) weeks prior to travel*)

PLACE OF VISIT	PURPOSE OF VISIT
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DURATION OF VISIT (<i>Not to Exceed 1 Year-PERM CERT</i>)	FROM (<i>mm/dd/year</i>)	TO (<i>mm/dd/year</i>)
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REQUIRED LEVEL OF CLEARANCE (*For the meeting, conference, visit, etc*)

CONFIDENTIAL SECRET TOP SECRET TS/SCI (*Top Secret with SCI*) N/A

VISIT POINT OF CONTACT	EMAIL	PHONE NUMBER
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SECTION 2: VISITOR INFORMATION

NAME (<i>First, Middle, Last</i>)	TITLE
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CITIZENSHIP	DATE OF BIRTH	SSN (<i>Full for Clearance Verification</i>)	PLACE OF BIRTH
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CLEARANCE TYPE CONFIDENTIAL SECRET TOP SECRET TS/SCI N/A

TYPE OF INVESTIGATION/DATE COMPLETED	INVESTIGATIVE AGENCY
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DATE OF ADJUDICATION	GRANTING AUTHORITY	DATE
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ADD VISITOR If you select this button it allows you to add another person repeating the identifiable information to be completed. (USE THIS TO SUBMIT MULTIPLE ATTENDEES FOR THE SAME MEETING)

SECTION 3: CERTIFICATION

SECURITY OFFICER NAME	SECURITY OFFICER TITLE
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SIGNATURE	DATE
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