RESTRICTED ACCESS REQUEST –
LOCAL GUARD PROGRAM U.S. MISSION JAPAN
REQUEST FOR INFORMATION/PRE-SOLICITATION NOTICE
19AQMM26R0314

THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY*. ANY INFORMATION NOT SUPPLIED WILL RENDER THIS REQUEST INVALID.

1. Requester Information

a. Company Name _____

b. Company Address:

c. UEID No: _____

d. Point of Contact: _____

e. Telephone No: _____

f. E-mail Address: _____

2. My interest in this project is as a (please check one):

a. a. [ ] Prime Contractor

b. b. [ ] Joint Venture Participant

c. c. [ ] Other (please specify) _____

3. I, the undersigned, agree that I will safeguard this information in accordance with the following distribution restriction statement:

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Printed Name:_____ Signature:

*Completed form may be e-mailed to Berel Dorfman at DorfmanBB@state.gov