NAVAL DIVING AND SALVAGE TRAINING CENTER TOUR REQUEST

Date of Requested Tour: _____ (Must be requested at least 10 days in advance)

Organization Requesting Tour: _____

Point of Contract: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (___) ____-_____ Fax Number: (___) ____-_____

Number of Visitors: ____ (Tour Limited to 15 visitors)

Are visitor passes required to obtain entry to Base: ___ YES / ___ No

Please provide list of visitor's full name, age, and citizenship below.

NAME	AGE	CITIZENSHIP

Select here to email your request to the Naval Diving and Salvage Training Center Public Affairs Officer.