

**RESTRICTED ACCESS REQUEST –
LOCAL GUARD PROGRAM U.S. MISSION LILONGWE
PRE-SOLICITATION NOTICE**

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. ☐ Prime Contractor**
- b. ☐ Joint Venture Participant**
- c. ☐ Other (please specify) _____**

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

RESTRICTED DISTRIBUTION AGREEMENT

Distribution authorized to legitimate bidders only, contains technical or operation information.

THESE RESTRICTED ACCESS DOCUMENTS MAY NOT BE DUPLICATED NOR IS ANY SECONDARY DISTRIBUTION OF DOCUMENTS AUTHORIZED. ANY AND ALL FIRMS WISHING TO VIEW ANY PART OF THESE DOCUMENTS MUST REGISTER WITH SAM.GOV, COMPLETE AND SIGN THIS FORM, AND HAVE THEIR REQUEST APPROVED BY THE GOVERNMENT. DATA SHALL BE KEPT IN A LOCKED DESK, LOCKED FILING CABINET, OR LOCKED ROOM WHEN NOT IN USE. UPON TERMINATION OF USE, THE HARDCOPY PRINTS AND ANY ELECTRONIC MEDIA SHALL BE DESTROYED BY SHREDDING THE PRINTS AND FORMATTING THE ELECTRONIC MEDIA. UPON TERMINATION OF USE, ALL MEDIA SHALL BE REMOVED FROM ANY COMPUTERS.

DO NOT COPY, SCAN OR POST ANY PART OF THESE DOCUMENTS ON THE INTERNET.

Printed Name: Signature: _____

*Completed form must be e-mailed to Kerry Finik at FinikK@state.gov AND Daniel Smith at Smithdd@state.gov.