Please email: INTERNATIONAL@dot.gov or fax to 202-366-3590

FHWA OFFICE OF INTERNATIONAL PROGRAMS  
International Visitors Program

VISIT REQUEST FORM

Country: ____________________________________________________________

Date(s) of Proposed Visit: ___________ # in Group: ________________

Contact Name: __________________________ Title: ______________________

Organization: ______________________________________________________

Telephone: ___________ Fax: ___________ E-Mail: _______________________

Address: ____________________________________________________________

Delegation Leader: ______________________ Title: ______________________

Organization: ______________________________________________________

Telephone: ___________ Fax: ___________ E-Mail: _______________________

Address: ____________________________________________________________

Website: ___________________________________________________________

Please provide a point of contact while in the United States:

Name: _______________________ Phone number: _________________________

Accompanied by interpreter? Yes/No

Interpreter's Name: __________________________

Please describe the specific topics of interest you would like to have covered in your program: