



SWEDISH ARMED FORCES

REQUEST FOR VISIT for visitors to the Swedish Armed Forces

Besöks ID SWE	/
Expedierad datum	_____

FOR INTERNAL USE ONLY (Please leave blank)

TYP	Enskilt	Stående	Föranmälan	Uniform
PoC	Avstämt	Ja	Nej	Datum
Kommentarer				
Komplettering	Punkt			Inkommit datum
	Punkt			Inkommit datum
	Punkt			Inkommit datum
	Punkt			Inkommit datum
	Övrigt			

IF THE REQUESTING PARTY IS NOT THE SAME AS IN P. 2, REQUESTING GOVERNMENT AGENCY OR INDUSTRIAL FACILITY, PLEASE FILL OUT NECESSARY INFORMATION.

1. Administrative data

Requestor _____ Date _____

To
SWEDISH ARMED FORCES' HQ, DIPLOMATIC CLEARANCE BRANCH (INSS J3 Tillstånd), swaf-diplo@mil.se

PLEASE FILL OUT ALL NECESSARY CONTACT INFORMATION FOR THE REQUESTING PARTY, E.G. NATION/GOVERNMENTAL AGENCY/ORGANISATION THAT IS REPRESENTED DURING THE VISIT.

2. Requesting government agency or industrial facility

Name _____

Postal address _____

3. Swedish Armed Forces' facility to be visited

Organization/Name _____

Address _____

Point of contact (within the Swedish Armed Forces) _____

Telephone _____ E-mail _____

PLEASE PROVIDE INFORMATION FOR THE POC WITHIN THE SWEDISH ARMED FORCES. IF THE PRIMARY POC BELONGS TO AN OTHER SWEDISH GOVERNMENTAL AGENCY, PLEASE FILL OUT CONTACT INFORMATION UNDER P. 10 REMARKS.

4. Date of visit

Arrival (YY/MM/DD) _____ Departure (YY/MM/DD) _____

PLEASE SELECT TYPE OF VISIT – BOTH COLUMNS TO BE MARKED!

IF THE VISIT IS PART OF A LONG TERM PERMIT, PLEASE REFER TO THE PERMIT NUMBER, SWE(YEAR)/(NUMBER).

5. Type of visit

Government initiative Recurring
 Commercial initiative Emergency
 One Time Notification of activation of permit SWE ____/____/____

6. Subject to be discussed

PLEASE STATE THE SCOPE/PURPOSE OF THE VISIT, E.G. NAME OF EXERCISE/SEMINAR/COURSE/OTHER.

PLEASE INDICATE THE CLASSIFICATION OF THE INFORMATION TO BE HANDLED DURING THE VISIT. THE LEVEL CAN REFER BOTH TO THE INFORMATION TO BE EXCHANGED AS WELL AS THE FACILITIES TO BE VISITED.

7. Anticipated level of classified information to be involved

Unclassified Restricted Confidential Secret Top Secret



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8. Particulars of visitors

Name		
Rank (OF/CF/OR/CR)		Security clearance (level)
Date of birth (YY/MM/DD)	Id/Passport number	Nationality
Organization/Unit/Company/Agency		

PLEASE COMPLETE THE INFORMATION FOR EACH VISITOR TAKING PART IN THE ACTIVITY. AT LEAST NAME, NATIONALITY, DOB AND PASSPORT/MILITARY ID-NUMBER SHOULD BE STATED.

Name		
Rank (OF/CF/OR/CR)		Security clearance (level)
Date of birth (YY/MM/DD)	Id/Passport number	Nationality
Organization/Unit/Company/Agency		

Name		
Rank (OF/CF/OR/CR)		Security clearance (level)
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Name		
Rank (OF/CF/OR/CR)		Security clearance (level)
Date of birth (YY/MM/DD)	Id/Passport number	Nationality
Organization/Unit/Company/Agency		

IF THE VISIT INVOLVES A LARGE NUMBER OF PARTICIPANTS, PLEASE USE THE ANNEX FORM PROVIDED. IF THE NUMBER OF PARTICIPANTS EXCEEDS 50, PLEASE USE AN EXCEL-SHEET, CONTAINING INFORMATION CORRESPONDING FROM ABOVE.

M7102-384760 Uygåva 3 (RMV) 2018-10
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Continue on additional sheet



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9. Certification of clearance by Requestor's National Security Agency, Diplomatic Mission to Sweden

Name
Address
Telephone
Signature

THIS PART IS TO CERTIFY THE CLEARANCE OF THE PARTICIPANTS IN ORDER TO FULFIL REQUIREMENTS OF THE GENERAL SECURITY AGREEMENT BETWEEN THE PARTIES. IT IS PREFERRED THAT THE VISITING PARTY USE THEIR OWN SECURITY ORGANISATION TO CERTIFY THE CLEARANCE, BUT DURING CERTAIN CIRCUMSTANCES A SWEDISH REPRESENTATIVE CAN ALSO BE ACCEPTED AS CERTIFIER.

THIS PART OF THE FORM CAN BE LEFT BLANK IF SECURITY CLEARANCES FOR ALL PARTICIPANTS ARE ENCLOSED AS ANNEXES TO THE REQUEST.

10. Remarks

PLEASE STATE ANY ADDITIONAL INFORMATION THAT IS RELEVANT IN ORDER TO CLARIFY THE REQUEST, E.G. IF THE VISIT IS PART OF AN ACTIVITY ARRANGED BY AN OTHER SWEDISH GOVERNMENTAL AGENCY OR A PRIVATE ACTOR.

11. Further information

a. Visitor(s) will carry	Uniform	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Weapons	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Civilian Vehicle	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Time and Date of entry to Swedish Territory
b. Visitor(s) will use	Military Vehicle	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Time and Date of entry to Swedish Territory
	Public Train	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Time and Date of entry to Swedish Territory
	Commercial airline	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Time and Date of entry to Swedish Territory
	Military aircraft	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Time and Date of entry to Swedish Territory
	Naval unit or vessel	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Time and Date of entry to Swedish Territory

PLEASE FILL OUT ALL NECESSARY LOGISTIC INFORMATION.

PLEASE, ALSO, CLEARLY STATE IF THE REQUEST ALSO INVOLVES THE USE OF FOREIGN MILITARY UNIFORM WITHIN SWEDISH TERRITORY.