



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	Signatur
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

Commercial initiative

One Time

Recurring

Emergency

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



SWEDISH ARMED FORCES

**REQUEST FOR VISIT**  
for visitors to the Swedish Armed Forces

**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)
Date of birth (YY/MM/DD)	Id/Passport number	Nationality
Organization/Unit/Company/Agency		

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)
Date of birth (YY/MM/DD)	Id/Passport number	Nationality
Organization/Unit/Company/Agency		

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  
©Blankettkontoret

Continue on additional sheet



SWEDISH ARMED FORCES

**REQUEST FOR VISIT**  
for visitors to the Swedish

**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
b. Visitor(s) will use	Military Vehicle	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Public Train	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Commercial airline	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Military aircraft	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Naval unit or vessel	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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.