

REQUEST FOR OFFICIAL OCONUS TEMPORARY DUTY TRAVEL

For use of this form, see AR 55-46, Overseas Travel, Para 8-5.
(All blocks must be completed)

DATE

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: 10 U.S.C. 704 and 3013; Status of Forces Agreement or other similar international agreements binding on military forces.
PRINCIPAL PURPOSE: To obtain the necessary personal data to be used to obtain a country/theatre clearance for official travel outside the continental United States.
ROUTINE USES: Data given is used by various agencies to determine whether or not a country/theatre clearance can be granted.
DISCLOSURE: Voluntary. However, if traveler does not provide the desired information, the country/theatre clearance may not be granted.

TO Commander
U.S. Army Armor Center and Fort Knox
ATTN: ATZK-AGS
Fort Knox, KY 40121-5000

THRU

FROM *(Requester's section and phone number)*

1. Traveler(s): *(Indicate name, SSN, rank/grade, title, date and place of birth, date and place of naturalization, if applicable, security clearance, date and agency granting security clearance, citizenship, organization/installation/activity to which assigned, office symbol of traveler, and country to be visited.)*

2. Purpose of visit:

3. Unit(s) or facility to be visited:

4. Travel directed by:

POC: _____

5. Date and nature of INVITATION on which visit is based, if applicable:

Travel/country clearance has been granted per _____

Travel/country clearance has not been granted.

If travel/country clearance requested by another MACOM, identify message requesting clearance: _____

6. Proposed itinerary: *(Include day-by-day itinerary with estimated dates of arrival and departure and UNITS TO BE VISITED.)*

7. Alternate visit dates if visit cannot be accommodated at preferred time:

8. Will trip involve:

Yes No a. Meeting with foreign personnel? If so, identify as outlined below.

Yes No b. U.S. Embassy personnel? If so, identify as outlined below.

If "Yes" to either of the above, indicate name, grade, and position of key personnel to be visited.

9. Will trip involve:

Yes No Disclosure of classified information and, if disclosure to foreign nationals is proposed, indicate the security classification of material and authority for disclosure.

10. Local support desired (Check appropriate blocks)

Hotel accommodations Transportation Briefings Onward bookings
 Classified courier requirements Security guards for aircraft Requested by other means
 Other (specify) _____

11. If request is submitted less than 60 days prior to departure date, state the reason for late submission and furnish complete justification why trip cannot be conducted at a later date. (If additional space is needed, continue in remarks column.)

12. Point of contact for trip. (Indicate name, rank, organization, office symbol, and DSN number)

Installation/Activity: _____
Overseas (HQ USAREUR/HQ EUCOM): _____
MACOM Staff Action Office: _____
Any Other: _____

13. Classified Material (AR 380-5):

a. Will traveler be handcarrying classified material in travel status? Yes No
b. Approval to handcarry classified material must be obtained from the Local Security Official.

14. Remarks:

15a. Name, Grade, and Title of Requesting Official:

b. Signature of Requesting Official:

16a. Name, Grade, and Title of Approving Official:

b. Signature of Approving Official: