**Appendix 1 to Annex A to**

 **2018DIN07-077**

 **Dated Jul 18**

**APPLICATION FOR STAFF CLEARANCE/DIPLOMATIC CLEARANCE FOR AWA**

|  |  |  |
| --- | --- | --- |
| **Ser** | **Required Information** | **Details** |
| **(a)** | **(b)** | **(c)** |
| 1 | **Exercise Name:** |  |
| 2 | **Unit Title & UIN:** |  |
| 3 | **Unit Address:** |  |
| 4 | **Point of Contact**Rank: Name:Office Telephone: Fax:Military Email: Civilian Mobile (on AW A): Civilian Email:*(Use Military & Civilian Dialling Codes):* |  |
| 5 | **Host unit/accommodation Address:*****Inc Telephone/Fax*** |  |
| 6 | **Overall Dates:***(From/To)* |  |
| 7 | **Location of Winter Sport Activity:** |  |
| 8 | **Type of Winter Sport Activity**or **Reason for Transit:** |  |
| 9 | **Entry into Country:** *(Border Crossing Point)*Date & Approx Time |  |
| 10 | **Travel Routes in Country:** |  |
| 11 | **Exit from Country:** *(Border Crossing Point)*Date & Approx Time |  |
| 12 | **Method of Travel** |  |
| 13 | **Type of Vehicle:** |  |
| 14 | **Vehicle Registration Numbers***(when known):* |  |
| 15 | **Total Number of Personnel:** |  |

|  |  |  |
| --- | --- | --- |
| **Ser** | **Required Information** | **Details** |
| 16 | **Nominal Roll When Known***(Add more Rows as necessary)* |  |
| a | Number, Rank, Name |  |
| b | Number, Rank, Name |  |
| c | Number, Rank, Name |  |
| d | Number, Rank, Name |  |
| 17 | **Has Medical Insurance been taken out for all participants (for Austria, this must include Helicopter CASEVAC from the slopes)?** | YES / NO |
| 18 | **Total Number of Weapons Carried:** |  |
| a | Type & Serial Number: *(Add as necessary)* |  |
| b | Type & Serial Number: |  |
| 19 | **Ammunition Carried:**Type: Amount |  |
| 20 | **Persons Responsible for Weapons and****Ammunition:**RankName: |  |
| 21 | **Radios:** Number: Types:Frequencies |  |

**Distribution**:

**Diplomatic Clearance**:

***(add more rows if required)***

Def Sect – AW A countries and all transit countries, less Germany.

**Staff Clearance**: Formation HQ G7 PD.

Corps HQ - Corps event organisers. Organiser - if not initiator.

|  |  |  |  |
| --- | --- | --- | --- |
| Fax no: |  | Date of application: |  |