

**M7102-384760** Utgåva 3 (FMV) 2018-10

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Name

**2. Requesting government agency or industrial facility**

Postal address

**1. Administrative data**

Requestor

To

**3. Swedish Armed Forces´ facility to be visited**

**5. Type of visit (Select one alternative from each column)**

**4. Date of visit**

Government initiative

Commercial initiative

Initiated by request or facility

By invitation of the facility to be visited

**6. Subject to be discussed**

**7. Anticipated level of classified information to be involved**

Organization/Name

Address

E-mail

Point of contact (within the Swedish Armed Forces)

Telephone

Arrival (YY/MM/DD)

Departure (YY/MM/DD)

One Time

Recurring

Emergency

Requestor

Visit ID

Date

Unclassified

Restricted

Confidential

Secret

Top Secret

**REQUEST FOR VISIT**

**for visitors to the Swedish Armed Forces**

 

Notification of activation of permit **SWE**\_\_\_/\_\_\_\_\_

 Military Academy Karlberg

107 86 Stockholm

 Fredrik Svärd

 08 514 39 810

 fredrik.svard@mil.se

 Managing Adaptation in Military Education and Training



**8. Particulars of visitors**

Name

Date of birth (YY/MM/DD)

Security clearance (level)

ID/Passport number

Nationality

Organization/Unit/Company/Agency

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**for visitors to the Swedish Armed Forces**

Rank (OF/CF/OR/CR)

Continue on additional sheet

Name

ID/Passport number

Nationality

Rank (OF/CF/OR/CR)

Date of birth (YY/MM/DD)

Organization/Unit/Company/Agency

Rank (OF/CF/OR/CR)

Security clearance (level)

Name

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Organization/Unit/Company/Agency

Rank (OF/CF/OR/CR)

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Name

ID/Passport number

Nationality

Date of birth (YY/MM/DD)

Organization/Unit/Company/Agency

Rank (OF/CF/OR/CR)

Security clearance (level)

Name

ID/Passport number

Nationality

Date of birth (YY/MM/DD)

Organization/Unit/Company/Agency

Rank (OF/CF/OR/CR)

Security clearance (level)



**9. Certification of clearance by Requestor´s National Security Agency, Diplomatic Mission to Sweden or equivalent**

**10. Remarks**

**11. Further information**

STAMP

Name

Address

Telephone

Signature

a. Visitor(s) will carry

b. Visitor(s) will use

Uniform

Weapons

Civilian Vehicle

Military Vehicle

Yes

Yes

Yes

Yes

No

No

No

No

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**REQUEST FOR VISIT**

**for visitors to the Swedish Armed Forces**

Public Train

Commercial airline

Military aircraft

Naval unit or vessel

Yes

No

Yes

No

Yes

No

Yes

No

Time and Date of entry to Swedish Territory

Time and Date of entry to Swedish Territory

Time and Date of entry to Swedish Territory

Time and Date of entry to Swedish Territory

Time and Date of entry to Swedish Territory

Time and Date of entry to Swedish Territory