

# SECURITY COOPERATION EDUCATION AND TRAINING (SCET) TEAM REQUEST

(For use of this form, see AR 12-7 and AR 12-15/SECNAVINST 4950.4B/AFI 16-105. See page 4 for instructions.)

INITIAL      CONTINUATION      MODIFICATION      SOLE SOURCE      SPECIAL OPS      OTHER:

## PART I – MISSION OVERVIEW

**1. SCET NAME:**

**2. SUPPORTING SERVICE:**    ARMY      NAVY      AIR FORCE      MARINE CORPS      COAST GUARD      OTHER:

**3. COUNTRY:**      **4. CASE/LOA:**

**5.**    RST      MTT      MET      TAT      ETSS      TAFT      OTHER:

**6. DESIRED START DATE:**      **7. DESIRED END DATE:**      **8. DESIRED DURATION:**

## PART II – STAFFING AND APPROVAL ACTIONS

**1. Security Cooperation Office (SCO).** The SCO Representative fills out this form, signs, and forwards the request to the appropriate combatant command (CCMD). Courtesy copies are sent to the service component command (SCC), appropriate service secretary's agent, service executing agency, and service security assistance training organization (see instructions).

By submitting this request I verify that the SCET mission supports objectives of the Combined Education and Training Plan (CETPP) for the host nation.

a. Name and Rank:

b. Title/Position:

c. Signature:

d. Date:

**2. Theater Special Operations Command (TSOC) (if applicable).** If the SCET mission may require SOF personnel, the TSOC Representative receives this form from the CCMD and determines the validity of the mission and if the mission can be supported by SOF personnel. Valid TDY SOF requests are forwarded to USSOCOM for approval and sourcing. Courtesy copies are sent to the SCO, CCMD, appropriate service secretary's agent, service executing agency, and service security assistance training organization.

a. The SCET mission request for SOF personnel is:      VALIDATED      NOT VALIDATED      SEE COMMENT

b. SOF personnel for this mission are:      AVAILABLE      NOT AVAILABLE      SEE COMMENT

c. Name and Rank:

d. Title/Position:

e. Signature:

f. Date:

**3. Combatant Command (CCMD).** All SCET missions require CCMD validation. The CCMD Authority determines the validity of the SCET mission and if Service Component Command (SCC) forces can accomplish the mission. If SCC forces can support the mission, the SCET request process ends with CCMD validation and the CCMD executes the mission. If SCC forces cannot support the mission, the CCMD forwards valid non-SOF requests to the appropriate service secretary's agent. Courtesy copies are sent to the SCO, service executing agency, and service security assistance training organization.

a. This mission supports the Combatant Commander's Theater Security Cooperation Plan (TSCP).

b. This mission cannot be conducted using CCMD assigned SCC forces.

c. This mission is not a sole source contracting request.

d. The SCET mission request is:      VALIDATED      NOT VALIDATED      SEE COMMENT

e. Name and Rank:

f. Title/Position:

g. Signature:

h. Date:

**4. Service Secretary's Agent for Security Cooperation and Education Team Approval**

(Army - Deputy Assistant Secretary of the Army for Defense Exports and Cooperation (DASA DE&C))

(Navy/Marine Corps/Coast Guard – Deputy Assistant Secretary of the Navy (International Programs) & Director, Navy International International Programs Office (Navy IPO))

(Air Force - Deputy Under Secretary of the Air Force (International Affairs)(SAF/IA))

Approved SCET requests are forwarded to the appropriate personnel tasking authority and service executing agency for action.

Disapproved requests are returned to the CCMD and SCO. Courtesy copies of all requests are sent to all parties.

a. The SCET mission request is:      APPROVED      DISAPPROVED      SEE COMMENT

b. Name and Rank:

c. Title/Position:

d. Signature:

e. Date:

f. SCET Approval Authorities Comments:

SCET NAME:

**PART III – SCET MISSION DETAILS**

1. MISSION:

2. TRAINING OBJECTIVES/REQUIREMENTS:

3. DESIRED END-STATE:

**4. FUNDING DATA**

a. FMS      FMF (REFUNDABLE)      FMF (NON-REFUNDABLE)      IMET (*See below*)      OTHER:

b. DSCA IMET WAIVER:      NOT APPLICABLE      REQUIRED      APPROVED ON:      (*Attach a copy of the DSCA Waiver*)

c. TRAINING CASE LOA:      d. ASSOCIATED CASE LOA:      e. ESTIMATED ROM COST:

**5. PERSONNEL TO BE TRAINED**

	OFFICER	NCO	ENLISTED	CIVILIAN	OTHER:
a. NUMBER OF STUDENTS					
b. REQUIRED ENGLISH COMPREHENSION LEVEL (ECL):			c. ECL TESTING REQUIRED:	YES	NO
d. INTERPRETERS REQUIRED:      YES      NO			e. INTERPRETERS PROVIDED:	YES	NO
f. GENERAL LEVEL OF PRE-TRAINING PROFICIENCY:					

g. GENERAL LEVEL OF PRE-TRAINING STUDENT ENGLISH LANGUAGE PROFICIENCY AND ECL TESTING PLAN (*If required*):

h. STUDENT VETTING REQUIREMENTS AND VETTING PLAN:

i. SCET ARRIVAL/DEPARTURE AIRPORTS AND TRAINING LOCATIONS:

j. SPECIFIC EQUIPMENT ON WHICH PERSONNEL ARE TO BE TRAINED:

k. AVAILABILITY OF TRAINING AIDS, FACILITIES, TOOLS AND ANCILLARY EQUIPMENT:

**6. IN-COUNTRY SUPPORT**

a. INTERNATIONAL COOPERATIVE ADMINISTRATIVE SUPPORT SERVICES (ICASS) FEES APPLY:      YES      NO

b. ESTIMATED ICASS FEES (*If applicable*):

c. BILLETS/QUARTERS/HOUSING:

d. MESS/MEALS/LIGHT REFRESHMENTS:

e. TRANSPORTATION:

f. MEDICAL AND DENTAL SERVICES:

<b>SCET NAME:</b>				
<b>PART III – SCET MISSION DETAILS</b> <i>(Continued)</i>				
6.g. OTHER SERVICES <i>(Postal, Exchange, Commissary, Banking, etc.)</i> :				
h. QUALITY OF LIFE AND MISSION SUSTAINMENT ITEMS:				
<b>7. DESIRED SCET COMPOSITION</b>				
a. ACCEPTABLE MANNING:            MILITARY                      DOD CIVILIAN            CONTRACTOR            OTHER:				
b. DESIRED SCET PERSONNEL <i>(Duty Title, Quantity, Rank, MOS)</i> :				
c. REQUIRED SPECIAL QUALIFICATIONS:				
d. DESIRED LANGUAGE CAPABILITY:				
e. UNIFORM, CLOTHING, AND EQUIPMENT REQUIREMENTS:				
f. COUNTRY SOURCING GUIDANCE FOR CONTRACTOR SCET <i>(If applicable)</i> :				
g. SECURITY CLEARANCE REQUIREMENTS:            NONE            SECRET            TOP SECRET            OTHER				
h. PASSPORT REQUIREMENTS:            NONE            TOURIST            OFFICIAL            DIPLOMATIC				
i. VISA REQUIREMENTS:            NONE            YES            OTHER				
j. SPECIAL LEGAL STATUS:            NONE            SOFA            IAW LOA            OTHER				
k. DEPENDENTS - SCET TOUR IS:            UNACCOMPANIED            ACCOMPANIED            OTHER				
l. SCET PERSONNEL RESTRICTIONS:				
m. SPECIFIC ITEMS TO BE ADDRESSED IN REPORTING INSTRUCTIONS/ASSIGNMENT ORDERS:				

**PART IV – IN-COUNTRY ROUGH ORDER OF MAGNITUDE (ROM) COST DATA**

The SCO should provide the following local information to facilitate accurate SCET cost estimates.

**1. PER DIEM RATES FOR MISSION AREA**

a. LODGING:	b. MEALS:	c. INCIDENTALS:	d. TOTAL:
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**2. LOCAL MILITARY PAY AUTHORIZATIONS**

DANGER/COMBAT PAY	COST OF LIVING (COLA)	OVERSEAS HOUSING (OHA)	CIVILIAN CLOTHING (CCA)
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**3. LOCAL CIVILIAN PAY AUTHORIZATIONS**

DANGER PAY	POST ALLOWANCE	POST DIFFERENTIAL	OTHER:
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**PART V – POINT OF CONTACT (POC) INFORMATION**

The SCO should enter the appropriate POC data.

	a. TITLE and NAME	b. PHONE NUMBER	c. E-MAIL ADDRESS
<b>1. SCO</b>			
<b>2. CCMD</b>			
<b>3. EXECUTING AGENCY</b>			
<b>4. TRAINING AGENCY</b>			

SCET NAME:

### PART VI – COMMENTS

Enter comments on any entries on this form. Attach additional comments on a separate sheet, if required.

COMMENTS:

### INSTRUCTIONS

1. Check the appropriate block to indicate the type of request. Multiple blocks may be checked.
2. Part I. Enter the mission overview data.
3. Part II. Provides for tracking the status of the Team request Memorandum.
  - a. The TSOC section is used only if the SCET requires SOF personnel.
  - b. Non-service specific terms refer to the following:
    - (1) Service Component Command – Army Service Component Command, Navy Service Component Command, numbered Air Force, or Marine Corps Service Component Command.
    - (2) Service Secretary's Agent for SCET Approval – DASA (DE&C), Navy IPO, SAF/IA.
    - (3) Service Executing/Training Agency – USASAC and USASATMO, NETSAFTA, AFSAT.
4. Part III. Enter SCET details.
  - a. Check the appropriate block to indicate funding source. If IMET, complete the DSCA Waiver entries on the following row. If Title 10 funded, check "Other" and enter specific type.
  - b. Indicate if a DSCA Waiver for IMET funded SCET is not applicable, required, or already approved. If approved, enter date of approval and attach a copy of the DSCA IMET Waiver to this form.
5. Part IV. Enter the estimated costs for mission support items.
  - a. Enter authorized daily per diem for the mission location.
  - b. Indicate any special military or civilian pays that are authorized for the mission area.
6. Part V. Enter the contact data for the appropriate action officers.
7. Part VI. Enter any additional comments. Continue comments on a separate sheet, if required.