| SECU  |  |   |   |  |                                       |                                      | (SCET) TEAN<br>05. See page 4 for in                                    |                      |                                 |
|---|--|---|---|--|---------------------------------------|--------------------------------------|---|----------------------|---------------------------------|
| INITIAL (   | CONTINUATIO  | ON MOI  | DIFICATION  | SOLE SO  | URCE                                  | SPE                                  | CIAL OPS C  | THER:                |                                 |
|   |  |   | PART I-   | - MISSION  | OVERVI                                | IEW                                  |   |                      |                                 |
| 1. SCET NAME:   |  |   |   |  |                                       |                                      |   |                      |                                 |
| 2. SUPPORTING SE<br>3. COUNTRY:   | ERVICE: AR   | RMY NAV   | / AIR FOF   |  | RINE COF                              | RPS                                  | COAST GUARD   | OTHE                 | R:                              |
| 5. RST M  | TT ME  | T TA  | T ETSS  | TAF  | Γ                                     | OTHER:                               |   |                      |                                 |
| 6. DESIRED START  | DATE:  |   | 7. DESIRED EN   | D DATE:  |                                       |                                      | 8. DESIRED DURA   | TION:                |                                 |
|   |  | PA  | RT II – STAFF   | ING AND A  | APPRO\                                | /AL AC                               | TIONS   |                      |                                 |
|   | )). Courtesy cop   | oies are sent to  |   | nent command   |                                       |                                      | wards the request to e service secretary's                              |                      |                                 |
| By submitting this nation.  | request I verify   | that the SCET   | mission supports o                                    | bjectives of th  | e Combin                              | ed Educa                             | tion and Training Pla   | ın (CETPF            | P) for the host                 |
| 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 missio  | n request for SC   | F personnel is:   |   | VA   | ALIDATED                              | )                                    | NOT VALIDATE  | D                    | SEE COMMENT                     |
| b. SOF personnel fo   | r this mission ar  | e:  |   | A۱   | VAILABLE                              |                                      | NOT AVAILABL  | E                    | SEE COMMENT                     |
| c. Name and Rank:   |  |   |   |  |                                       |                                      | d. Title/Position:  |                      |                                 |
| e. Signature:   |  |   |   |  |                                       |                                      | f. Date:  |                      |                                 |
| ends with CCMD<br>requests to the a<br>training organizat   | emponent Comm<br>validation and t<br>ppropriate servication. | nand (SCC) force<br>the CCMD exect<br>the secretary's a | es can accomplish utes the mission. gent. Courtesy co | the mission.  If SCC forces on the pies are sent to | If SCC for<br>cannot sup<br>o the SCC | ces <u>can</u> soport the D, service | support the mission, t<br>mission, the CCMD for<br>executing agency, an | he SCET<br>orwards v | request process<br>alid non-SOF |
|   |  |   | mander's Theater                                      | <u> </u>   | eration Pla                           | an (TSCP                             | ).  |                      |                                 |
|   |  |   | CMD assigned SC                                       | C forces.  |                                       |                                      |   |                      |                                 |
|   | n is not a sole so   | ource contractin  | g request.  |  |                                       |                                      |   |                      |                                 |
| d. The SCET mission   |  |   |   | VA   | LIDATED                               |                                      | NOT VALIDATE  | D :                  | 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   | on request is:   |   |   | AP   | PROVED                                |                                      | DISAPPROVED   |                      | SEE COMMENT                     |
| b. Name and Rank:   |  |   |   |  |                                       |                                      | c. Title/Position:  |                      |                                 |
| d. Signature:   |  |   |   |  |                                       |                                      | e. Date:  |                      |                                 |
| f. SCET Approval A  | Authorities Com  | ments:  |   |  |                                       |                                      |   |                      |                                 |

| SCET NAME:   |                   |                 |                  |                |                   |                     |
|--|-------------------|-----------------|------------------|----------------|-------------------|---------------------|
|  | F                 | PART III - SCET | MISSION DET      | AILS           |                   |                     |
| 1. MISSION:  |                   |                 |                  |                |                   |                     |
|  |                   |                 |                  |                |                   |                     |
|  |                   |                 |                  |                |                   |                     |
| 2. TRAINING OBJECTIVES/REQUIF                                      | REMENTS:          |                 |                  |                |                   |                     |
|  |                   |                 |                  |                |                   |                     |
|  |                   |                 |                  |                |                   |                     |
|  |                   |                 |                  |                |                   |                     |
| 3. DESIRED END-STATE:  |                   |                 |                  |                |                   |                     |
|  |                   |                 |                  |                |                   |                     |
|  |                   |                 |                  |                |                   |                     |
| 4. FUNDING DATA  |                   |                 |                  |                |                   |                     |
| a. FMS FMF (REFUNDABL  | _E) FMF (N        | ION-REFUNDABLE  | ) IMET (Se       | ee below)      | OTHER:            |                     |
| b. DSCA IMET WAIVER: NOT A   | APPLICABLE        | REQUIRED        | APPROVED ON:     |                | (Attach a copy    | of the DSCA Waiver) |
| c. TRAINING CASE LOA:  | d. A              | ASSOCIATED CASE | LOA:             | e. ESTIMA      | ATED ROM COS      | •                   |
| 5. PERSONNEL TO BE TRAINED   |                   |                 |                  |                |                   |                     |
|  | OFFICER           | NCO             | ENLISTED         | CIVILIAN       | OTHER:            |                     |
| a. NUMBER OF STUDENTS  | OT TIOLIT         | 1100            |                  | 0171217117     | O TITLET C        |                     |
|  | IENSION I EVEL (  | ECL).           | c. ECL TESTING   | RECHIRED:      | YES               | NO                  |
|  |                   |                 |                  | S PROVIDED:    | YES               | NO                  |
| f. GENERAL LEVEL OF PRE-TRAIN                                      |                   | -               | C. HVIER RETER   | OT NOVIDED.    | 120               | 110                 |
|  |                   |                 |                  |                |                   |                     |
|  |                   |                 |                  |                |                   |                     |
| g. GENERAL LEVEL OF PRE-TRAIN                                      | IING STUDENT EI   | NGLISH LANGUAGE | PROFICIENCY A    | ND ECL TESTING | PLAN (If required | d):                 |
| ŭ  |                   |                 |                  |                | ,                 | ,                   |
|  |                   |                 |                  |                |                   |                     |
| h. STUDENT VETTING REQUIREME                                       | ENTS AND VETTIN   | NG PLAN:        |                  |                |                   |                     |
|  |                   |                 |                  |                |                   |                     |
|  |                   |                 |                  |                |                   |                     |
| i. SCET ARRIVAL/DEPARTURE AIR                                      | RPORTS AND TRA    | INING LOCATIONS |                  |                |                   |                     |
|  |                   |                 |                  |                |                   |                     |
|  |                   |                 |                  |                |                   |                     |
| j. SPECIFIC EQUIPMENT ON WHICH PERSONNEL ARE TO BE TRAINED:        |                   |                 |                  |                |                   |                     |
| J. OF EON TO EQUIT WILLIAM ON WILLIOTT ENCOMMEE ARE TO BE TRAINED. |                   |                 |                  |                |                   |                     |
|  |                   |                 |                  |                |                   |                     |
| k. AVAILABILITY OF TRAINING AID                                    | S, FACILITIES, TO | OLS AND ANCILLA | RY EQUIPMENT:    |                |                   |                     |
|  |                   |                 |                  |                |                   |                     |
|  |                   |                 |                  |                |                   |                     |
| 6. IN-COUNTRY SUPPORT  |                   |                 |                  |                |                   |                     |
| a. INTERNATIONAL COOPERATIVE                                       | ADMINISTRATIV     | E SUPPORT SERVI | CES (ICASS) FEES | S APPLY:       | YES               | NO                  |
| b. ESTIMATED ICASS FEES (If appli                                  | icable):          |                 | ·                |                |                   |                     |
|  |                   |                 |                  |                |                   |                     |
|  |                   |                 |                  |                |                   |                     |
| c. BILLETS/QUARTERS/HOUSING:                                       |                   |                 |                  |                |                   |                     |
|  |                   |                 |                  |                |                   |                     |
|  |                   |                 |                  |                |                   |                     |
| d. MESS/MEALS/LIGHT REFRESHM                                       | MENTS:            |                 |                  |                |                   |                     |
|  |                   |                 |                  |                |                   |                     |
|  |                   |                 |                  |                |                   |                     |
| e. TRANSPORTATION:   |                   |                 |                  |                |                   |                     |
| 6. INMINOFORTATION.  |                   |                 |                  |                |                   |                     |
|  |                   |                 |                  |                |                   |                     |
| f MEDICAL AND DENTAL CEDITICS                                      | T.C.              |                 |                  |                |                   |                     |
| f. MEDICAL AND DENTAL SERVICE                                      | E0:               |                 |                  |                |                   |                     |
|  |                   |                 |                  |                |                   |                     |
|  |                   |                 |                  |                |                   |                     |

| SCET NAME:   |                                  |                  |            |                    |                               |  |  |
|--|----------------------------------|------------------|------------|--------------------|-------------------------------|--|--|
|  | PART                             | III – SCE        | T MISSIC   | ON DETAILS (Contir | nued)                         |  |  |
| 6.g. OTHER SERVICES (P   | ostal, Exchange, Commissar       | y, Banking, e    | tc.):      |                    |                               |  |  |
| h. QUALITY OF LIFE AND   | MISSION SUSTAINMENT I            | TEMS:            |            |                    |                               |  |  |
| 7. DESIRED SCET COMP   | OSITION                          |                  |            |                    |                               |  |  |
| a. ACCEPTABLE MANNIN   |                                  |                  | IVILIAN    | CONTRACTOR         | OTHER:                        |  |  |
| b. DESIRED SCET PERSO  | ONNEL (Duty Title, Quantity,     | Rank, MOS):      |            |                    |                               |  |  |
| c. REQUIRED SPECIAL Q  | UALIFICATIONS:                   |                  |            |                    |                               |  |  |
| d. DESIRED LANGUAGE (  | CAPABILITY:                      |                  |            |                    |                               |  |  |
| e. UNIFORM, CLOTHING,  | AND EQUIPMENT REQUIR             | EMENTS:          |            |                    |                               |  |  |
| f. COUNTRY SOURCING GUIDANCE FOR CONTRACTOR SCET (If applicable):  |                                  |                  |            |                    |                               |  |  |
| g. SECURITY CLEARANC   | E REQUIREMENTS:                  | NONE             | SECRET     | TOP SECRET         | OTHER                         |  |  |
| h. PASSPORT REQUIREM   | MENTS:                           | NONE             | TOURIST    | OFFICIAL           | DIPLOMATIC                    |  |  |
| i. VISA REQUIREMENTS:  |                                  |                  | YES        | OTHER              |                               |  |  |
| j. SPECIAL LEGAL STATI   | j. SPECIAL LEGAL STATUS:         |                  | SOFA       | IAW LOA            | OTHER                         |  |  |
| k. DEPENDENTS - SCET   | UNACCOME                         | PANIED           | ACCOMPANIE | D OTHER            |                               |  |  |
| I. SCET PERSONNEL RE   | STRICTIONS:                      |                  |            |                    |                               |  |  |
| m. SPECIFIC ITEMS TO BI  | E ADDRESSED IN REPORT            | ING INSTRU       | CTIONS/A   | SSIGNMENT ORDERS   | :                             |  |  |
|  | PART IV - IN-COUNT               | RY ROUG          | H ORDE     | R OF MAGNITUD      | E (ROM) COST DATA             |  |  |
|  | e following local information to | o tacilitate acc | curate SCE | ET cost estimates. |                               |  |  |
| a. LODGING:  | b. MEALS:                        |                  |            | INCIDENTALS:       | d. TOTAL:                     |  |  |
|  |                                  |                  | C.         | INCIDENTALS.       | u. TOTAL.                     |  |  |
| 2. LOCAL MILITARY PAY AUTHORIZATIONS  DANGER/COMBAT PAY  COST OF LIVING (COLA)  OVERSEAS HOUSING (OHA)  CIVILIAN CLOTHING (COLA) |                                  |                  |            |                    | (OHA) CIVILIAN CLOTHING (CCA) |  |  |
| 3. LOCAL CIVILIAN PAY  |                                  |                  |            |                    |                               |  |  |
| DANGER PAY   | POST ALLOW                       | ANCE             | F          | POST DIFFERENTIAL  | OTHER:                        |  |  |
| The SCO should enter the a   | PART V – ppropriate POC data.    | POINT OF         | CONTA      | ACT (POC) INFORM   | MATION                        |  |  |
| 1. SCO   | a. TITLE ar                      | nd NAME          |            | b. PHONE NUMBER    | c. E-MAIL ADDRESS             |  |  |
| 2. CCMD  |                                  |                  |            |                    |                               |  |  |
| 3. EXECUTING AGENCY  |                                  |                  |            |                    |                               |  |  |
| 4. TRAINING AGENCY   |                                  |                  |            |                    |                               |  |  |

| SCET NAME:   |
|--|
| PART VI – COMMENTS   |
| Enter comments on any entries on this form. Attach additional comments on a separate sheet, if required. |
| COMMENTS:  |
| COMMENTS:  |
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| 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.