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.)							
	SOURCE SPECI	AL OPS OTHER:					
PART I – MISSIC	N OVERVIEW						
1. SCET NAME:							
2. SUPPORTING SERVICE: ARMY NAVY AIR FORCE		DAST GUARD OTHER:					
	. CASE/LOA:						
5. RST MTT MET TAT ETSS M	TAFT OTHER:						
6. DESIRED START DATE:							
(YYYYMMDD) (YYYYMMDD)		8. DESIRED DURATION:					
PART II – STAFFING AND	APPROVAL ACTIO	ONS					
 Security Cooperation Office (SCO). The SCO Representative fills out this command (CCMD). Courtesy copies are sent to the service component comman agency, and service security assistance training organization (see instructions). By submitting this request I verify that the SCET mission supports objectives of t notice 	nd (SCC), appropriate ser	rvice secretary's agent, servi	ce executing				
nation. a. Name and Rank:		b. Title/Position:					
c. Signature:		d. Date: (YYYYMMDD)					
2. Theater Special Operations Command (TSOC) (<i>if applicable</i>). If the SCET mission may require SOF personnel, the TSOC Representative 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).							
a. The SCET mission request for SOF personnel is:	VALIDATED	NOT VALIDATED	SEE COMMENT				
b. SOF personnel for this mission are:	AVAILABLE		SEE COMMENT				
c. Name and Rank:		d. Title/Position:					
e. Signature:		f. Date: (YYYYMMDD)					
3. Combatant Command (CCMD). All SCET missions require CCMD validati and if Service Component Command (SCC) forces can accomplish the mission. ends with CCMD validation and the CCMD executes the mission. If SCC forces requests to the appropriate service secretary's agent. Courtesy copies are sent training organization.	If SCC forces can support cannot support the mission	ort the mission, the SCET req on, the CCMD forwards valid	uest process non-SOF				
a. This mission supports the Combatant Commander's Theater Security Coope	ration 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: (YYYYMMDD)						
 4. Service Secretary's Agent for Security Cooperation and Education (Army - Deputy Assistant Secretary of the Army for Defense Exports an (Navy/Marine Corps/Coast Guard – Deputy Assistant Secretary of the N International Programs Office (Navy IPO)) (Air Force - Deputy Under Secretary of the Air Force (International Affair Approved SCET requests are forwarded to the appropriate personnel tasking au Disapproved requests are returned to the CCMD and SCO. Courtesy copies of a 	d Cooperation (DASA Navy (International Pro irs)(SAF/IA)) thority and service execu	grams) & Director, Navy I	nternational				
a. The SCET mission request is:	APPROVED	DISAPPROVED [SEE COMMENT				
b. Name and Rank:		c. Title/Position:					
d. Signature:		e. Date: (YYYYMMDD)					
f. SCET Approval Authorities Comments:							

SCET NAME:							
PART III – SCET MISSION DETAILS							
1. MISSION:							
2. TRAINING OBJECTIVES/REQUIREN	IENTS:						
3. DESIRED END-STATE:							
4. FUNDING DATA							
a. FMS FMF (REFUNDABLE)) 🗌 FMF	F (NON-F	REFUNDABLE)	IMET (See bel	ow) 0	THER:	
b. DSCA IMET WAIVER: NOT APP	LICABLE	RE		PROVED ON:	(Attao	ch a copy of the	e DSCA Waiver)
c. TRAINING CASE LOA: d. ASSOCIA			OCIATED CASE L	SE LOA: e. ESTIMATED RO			 T:
5. PERSONNEL TO BE TRAINED							
	OFFICE	R	NCO	ENLISTED	CIVILIAN	OTHER:	
a. NUMBER OF STUDENTS							
b. REQUIRED ENGLISH COMPREHEN				c. ECL TESTING REQUIRED: YES			
	YES			e. INTERPRETERS	PROVIDED:	YES	NO
f. GENERAL LEVEL OF PRE-TRAINING						(16	
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 b. ESTIMATED ICASS FEES (If applicable):							
c. BILLETS/QUARTERS/HOUSING:							
d. MESS/MEALS/LIGHT REFRESHMEN	ITS:						
e. TRANSPORTATION:							
f. MEDICAL AND DENTAL SERVICES:							

SCET NAME:						
		PART III – S	CET MISSI	ON DETAILS (Contir	nued)	
6.g. OTHER SERVICES (Po	ostal, Exchange, Comm	nissary, Banking	ı, etc.):			
h. QUALITY OF LIFE AND N	AISSION SUSTAINME	NT ITEMS:				
7. DESIRED SCET COMPO	SITION					
a. ACCEPTABLE MANNING	: MILITARY	D	OD CIVILIAN	CONTRACTOR	OTHER:	
b. DESIRED SCET PERSO	NNEL (Duty Title, Quar	ntity, Rank, MO	S):			
c. REQUIRED SPECIAL QU	IALIFICATIONS:					
d. DESIRED LANGUAGE CA	APABILITY:					
e. UNIFORM, CLOTHING, A	ND EQUIPMENT REC	QUIREMENTS:				
f. COUNTRY SOURCING G	UIDANCE FOR CONT	RACTOR SCET	(If applicable):		
g. SECURITY CLEARANCE	REQUIREMENTS:	NONE	SECRET	TOP SECRET	OTHER	
h. PASSPORT REQUIREME	ENTS:	NONE	TOURIST	OFFICIAL	DIPLOMATIC	
i. VISA REQUIREMENTS:		NONE	YES			
j. SPECIAL LEGAL STATUS		NONE	SOFA	IAW LOA		
k. DEPENDENTS - SCET TO		UNACCOM	PANIED		OTHER	
I. SCET PERSONNEL REST						
III. SPECIFIC TEMIS TO BE	ADDRESSED IN REP		KUC HONS/AC	SSIGNMENT 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 I						
a. LODGING: 2. LOCAL MILITARY PAY A	b. MEALS			c. INCIDENTALS:	d. TOTAL:	
DANGER/COMBAT PAY		OF LIVING (CC	JLA)		NG (OHA) CIVILIAN CLOTHING (CCA)	
DANGER PAY DOST ALLOWANCE DOST DIFFERENTIAL OTHER						
PART V – POINT OF CONTACT (POC) INFORMATION The SCO should enter the appropriate POC data.						
4 800	a. 1111	LE and NAME		b. PHONE NUMBER	c. E-MAIL ADDRESS	
1. SCO 2. CCMD						
3. EXECUTING AGENCY						
4. TRAINING AGENCY						
4. INAIMING AGENUT						

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.