| SECURITY COOPERATION EDUCATION (For use of this form, see AR 12-7 and AR 12-15/SECNAV | • | • | |
|---|---|--|-------------------------|
| ☐INITIAL ☐CONTINUATION ☐MODIFICATION ☐SOLE | SOURCE SPECIA | AL OPS OTHER: | |
| PART I – MISSI | ON OVERVIEW | | |
| 1. SCET NAME: | | | |
| 2. SUPPORTING SERVICE: ARMY NAVY AIR FORCE | MARINE CORPS C | OAST GUARD OTHER: | |
| | 4. CASE/LOA: | <u> </u> | |
| 5. RST MTT MET TAT ETSS | TAFT OTHER: | | |
| 6. DESIRED START DATE: 7. DESIRED END DATE: | | | |
| (YYYYMMDD) (YYYYMMDD) | | 8. DESIRED DURATION: | |
| PART II – STAFFING AN | D APPROVAL ACTION | ONS | |
| Security Cooperation Office (SCO). The SCO Representative fills out the command (CCMD). Courtesy copies are sent to the service component command agency, and service security assistance training organization (see instructions) | and (SCC), appropriate ser | rvice secretary's agent, servi | ce executing |
| By submitting this request I verify that the SCET mission supports objectives of nation. | the Combined Education a | and Training Plan (CETPP) f | or the host |
| a. Name and Rank: | | b. Title/Position: | |
| c. Signature: | | d. Date: (YYYYMMDD) | |
| 2. Theater Special Operations Command (TSOC) (if applicable). If the Scommand (CCMD). Courtesy copies are sent to the service component commagency, and service security assistance training organization (see instructions) | and (SCC), appropriate ser | | |
| a. The SCET mission request for SOF personnel is: | VALIDATED | NOT VALIDATED | SEE COMMENT |
| b. SOF personnel for this mission are: | | | SEE COMMENT |
| c. Name and Rank: | | d. Title/Position: | |
| | | | |
| e. Signature: | | f. Date: (YYYYMMDD) | |
| 3. Combatant Command (CCMD). All SCET missions require CCMD valida and if Service Component Command (SCC) forces can accomplish the mission ends with CCMD validation and the CCMD executes the mission. If SCC force requests to the appropriate service secretary's agent. Courtesy copies are sen training organization. | If SCC forces can suppose cannot support the mission | ort the mission, the SCET request, the CCMD forwards valid | uest process non-SOF |
| a. This mission supports the Combatant Commander's Theater Security Coop | eration 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 Educatio (Army - Deputy Assistant Secretary of the Army for Defense Exports a (Navy/Marine Corps/Coast Guard – Deputy Assistant Secretary of the International Programs Office (Navy IPO)) (Air Force - Deputy Under Secretary of the Air Force (International Affa Approved SCET requests are forwarded to the appropriate personnel tasking a Disapproved requests are returned to the CCMD and SCO. Courtesy copies or | nd Cooperation (DASA Navy (International Pro- airs)(SAF/IA)) uthority and service execu- | grams) & Director, Navy I ting agency for action. | 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: | | | | | | |
|---|------------|-----------------|--------------------|-------------------|----------------------|----------------|
| | PAR | RT III – SCET I | MISSION DETAI | LS | | |
| 1. MISSION: | | | | | | |
| 2. TRAINING OBJECTIVES/REQUIREMENTS: | | | | | | |
| 3. DESIRED END-STATE: | | | | | | |
| 4. FUNDING DATA | | | | | | |
| a. FMS FMF (REFUNDABLE) FI | MF (NON-R | EFUNDABLE) | IMET (See bei | low) 0 | THER: | |
| b. DSCA IMET WAIVER: NOT APPLICABLE | REC | UIRED API | PROVED ON: | (Attac | ch a copy of th | e DSCA Waiver) |
| c. TRAINING CASE LOA: | d. ASSC | CIATED CASE L | OA: | e. ESTIMATI | ED ROM COS | T: |
| 5. PERSONNEL TO BE TRAINED | | | | | | |
| OFFI | CER | NCO | ENLISTED | CIVILIAN | OTHER: | |
| a. NUMBER OF STUDENTS | | | | | | |
| b. REQUIRED ENGLISH COMPREHENSION LEV | 'EL (ECL): | | c. ECL TESTING R | REQUIRED: | YES | NO |
| d. INTERPRETERS REQUIRED: YES | NO | | e. INTERPRETERS | S PROVIDED: | YES | NO |
| f. GENERAL LEVEL OF PRE-TRAINING PROFIC g. GENERAL LEVEL OF PRE-TRAINING STUDEI | | LI ANCHACE DE | OFICIENCY AND F | CL TESTING DI ANI | /If we considered by | |
| | | | OF ICIENCY AND E | CE LESTING FLAN | п геципеа). | |
| h. STUDENT VETTING REQUIREMENTS AND VI | | | | | | |
| i. SCET ARRIVAL/DEPARTURE AIRPORTS AND | TRAINING | LOCATIONS: | | | | |
| j. SPECIFIC EQUIPMENT ON WHICH PERSONN | EL ARE TO | BE TRAINED: | | | | |
| k. AVAILABILITY OF TRAINING AIDS, FACILITIE | S, TOOLS / | AND ANCILLARY | EQUIPMENT: | | | |
| 6. IN-COUNTRY SUPPORT | | | | | | |
| a. INTERNATIONAL COOPERATIVE ADMINISTR b. ESTIMATED ICASS FEES (If applicable): | ATIVE SUP | PORT SERVICES | S (ICASS) FEES APP | PLY: | YES | NO |
| c. BILLETS/QUARTERS/HOUSING: | | | | | | |
| d. MESS/MEALS/LIGHT REFRESHMENTS: | | | | | | |
| e. TRANSPORTATION: | | | | | | |
| f. MEDICAL AND DENTAL SERVICES: | | | | | | |

| SCET NAME: | | | | | | | | |
|----------------------------|-------------------------|-------------------|-------------|------------------|-------|-----------------|----------|-------------------------|
| | | PART III – | sc | ET MISSIO | N D | ETAILS (Continu | ued) | |
| 6.g. OTHER SERVICES (Po | | | | | | · | · | |
| h. QUALITY OF LIFE AND M | MISSION SUSTAINME | NT ITEMS: | | | | | | |
| 7. DESIRED SCET COMPO | SITION | | | | | | | |
| a. ACCEPTABLE MANNING | : MILITARY | | DOE | CIVILIAN | С | ONTRACTOR | OTHE | ER: |
| b. DESIRED SCET PERSON | NNEL (Duty Title, Qua | ntity, Rank, M | OS): | | | | | |
| | | | | | | | | |
| c. REQUIRED SPECIAL QU | ALIFICATIONS: | | | | | | | |
| d. DESIRED LANGUAGE C | APABILITY: | | | | | | | |
| e. UNIFORM, CLOTHING, A | ND EQUIPMENT REG | QUIREMENTS | 3 : | | | | | |
| f. COUNTRY SOURCING G | UIDANCE FOR CONT | RACTOR SC | ΞΤ <i>(</i> | (If applicable): | | | | |
| g. SECURITY CLEARANCE | REQUIREMENTS: | NONE | | SECRET | | TOP SECRET | OTHER | |
| h. PASSPORT REQUIREME | ENTS: | NONE | | TOURIST | Ē | OFFICIAL | DIPLOMA | ATIC |
| i. VISA REQUIREMENTS: | | NONE | | YES | | OTHER | | |
| j. SPECIAL LEGAL STATUS | i | NONE | | SOFA | |]IAW LOA | OTHER | |
| k. DEPENDENTS - SCET TO | | UNACCO | MPA | ANIED | | ACCOMPANIED | OTHER | |
| I. SCET PERSONNEL REST | RICTIONS: | | | | | | | |
| m. SPECIFIC ITEMS TO BE | ADDRESSED IN REF | PORTING INS | TRL | JCTIONS/ASSI | GNN | MENT ORDERS: | | |
| | PART IV - IN-CO | | | | | | (ROM) CO | ST DATA |
| The SCO should provide the | following local informa | ation to facilita | te a | ccurate SCET of | cost | estimates. | | |
| 1. PER DIEM RATES FOR I | MISSION AREA | | | | | | | |
| a. LODGING: | b. MEALS | S: | | C. | INC | DENTALS: | | d. TOTAL: |
| 2. LOCAL MILITARY PAY A | UTHORIZATIONS | | | | | | | |
| DANGER/COMBAT PAY | COST | OF LIVING (| COL | A) | OV | ERSEAS HOUSIN | IG (OHA) | CIVILIAN CLOTHING (CCA) |
| 3. LOCAL CIVILIAN PAY A | UTHORIZATIONS | | | | | | | |
| DANGER PAY | POST | ALLOWANCE | | | PO | ST DIFFERENTIA | L OTHER | ₹ |
| The SCO should enter the a | | RT V – POIN | IT (| OF CONTAC | CT (| POC) INFORM | MATION | |
| | a. TIT | LE and NAME | | b | o. PH | IONE NUMBER | | c. E-MAIL ADDRESS |
| 1. SCO | | | | | | | | |
| 2. CCMD | | | | | | | | |
| 3. EXECUTING AGENCY | | | | | | | | |
| 4. TRAINING AGENCY | | | | | | | | |

| PART VI – COMMENTS | | | | | |
|--|--|--|--|--|--|
| Enter comments on any entries on this fo | rm. Attach additional comments on a separate sheet, if required. | | | | |
| COMMENTS: | | | | | |
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| | INSTRUCTIONS | | | | |
| . Check the appropriate block to indicate | the type of request. Multiple blocks may be checked. | | | | |
| 2. Part I. Enter the mission overview data | | | | | |

- 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.