**International Transportation Plan**(to be submitted in English only)

Please approve the following Transportation Plan:

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| --- | --- | --- |
| A 1 | **Consignor:**  [Name, Address, Phone and Fax Number of dispatching Security Officer] |  |
| A2 | **Consignee:**  [Name, Address, Phone and Fax Number of receiving Security Officer] |  |
|  |  |  |
| B | **DSA/NSA PoC:**  (Address, Emailad, Phone and Fax Number of authorised Point of Contact (PoC) in the dispatching and the receiving country as well) |  |
|  |  |  |
| C | **Description of Consignment:** |  |
| C 1 | Contract or Tender Number: |  |
| C 2 | Export License or other applicable Export Authorization citation: |  |
| C 3 | Transport License for consignment of hazardous material: |  |
| C 4 | Consignment Description:  [Description of Consignment and Classification level — if possible use abbreviation (C) (S)] |  |
|  |  |  |
| D | **Package Description:** |  |
| D 1 | Type of package:  [e.g.box, card, metal box] |  |
| D 2 | Number of packages: |  |
| D 3 | Number of enclosed classified items in each package: |  |
| D 4 | Package dimensions: |  |
| D 5 | Package weight: |  |

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| **E** | **Routing of Consignment:** |  | |
| E 1 | Date/time of Departure: |  | |
| E 2 | Date/estimated time of arrival: |  | |
| E 3 | Routes to be used between point of origin, point of export, point of import and ultimate  destination:  [Locations of Transfer — if possible  encode locations] |  | |
| E 4 | Method of transport for each portion of the  consignment:  [Name and Adress of all shipment companies involved — if possible specify Flight, Train or Ship Number] |  | |
| E 5 | Freight Forwarders/Transportation Agents  to be used:  [Name, Address, Phone and Fax Number of all commercial courier companies involved — The companies have to hold Facility Security Clearances up to the classification and safeguards level necessary] |  | |
| E 6 | Customs or Port Security Contacts: [Name, Phone and Fax Number of PoC's] |  | |
|  |  |  | |
| F | **Authorized courier(s):** |  | |
| F 1 | Name(s) and identification of authorized  Courier(s):  [Name, First Name, Date of Birth, Passport-/ID-  Card No. and Courier Certificate used] | 1. | |
|  |  |  | |
| G | **Security Officer's signature, date and stamp of the requesting facility:** |  |  |
| H | **Signature, date and seal of the releasing NSAJDSA:** |  | |

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| --- | --- | --- |
| I | Signature, date and seal of the receiving NSA/DSA: |  |
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