

REPORT OF FOREIGN TRAVEL**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

THIS FORM CONTAINS PRIVACY ACT DATA. AUTHORITY 10 U.S. CODE 3012.

PRINCIPAL PURPOSE: To provide information pertaining to your foreign travel plans and to assist your organization in contacting you while overseas, should the need arise.

ROUTINE USE: It will be used as a record of all travel to foreign countries.

DISCLOSURE (MANDATORY or VOLUNTARY): The disclosure of information in voluntary, however, non-compliance may result in administrative action.

INSTRUCTIONS FOR SUBMISSION:

1. Complete all sections on this form.
2. Digitally sign and save this form or print and sign the form with ink.
3. At least one week prior to your departure date, please submit this form to the Security Office, Directorate of Plans, Training, Mobilization, and Security or you can email the digitally signed form to "usarmy.pom.106-sig-bde.list.pres-atzp-dptms@mail.mil" or you can fax the printed form to (831) 242-5502.
4. Request must be accompanied by a copy of your Anti-Terrorism (AT) Training Certificate. Your Anti-Terrorism Certificate must be dated within 12 months of your departure date. If not, please complete the online training at <https://atlevel1.dtic.mil/at/>.

LAST NAME, FIRST NAME, MIDDLE INITIAL	SSN (Last 4 digits only)	WORK PHONE
--	---------------------------------	-------------------

UNIT/DIRECTORATE/SCHOOL/DEPARTMENT NAME
--

COUNTRY/COUNTRIES TO BE VISITED	INCLUSIVE DATES OF VISIT	
	FROM	TO

PURPOSE OF MY VISIT (For example: visit family, tourism, etc.)

CONTACT PERSON(S) AT MY DESTINATION(S) ARE AS FOLLOWS:

NAME	ADDRESS	TELEPHONE NUMBER

DATE COMPLETED (Anti-Terrorism Training)		SIGNATURE		DATE	
---	--	------------------	--	-------------	--