



OCCAR Transportation Plan

For the International Transfer of Classified Material at CONFIDENTIAL or SECRET Level as Freight by Commercial Carrier Companies

OCCAR Programme or Contract concerned	
Programme:	
Contract / Sub-Contract:	

Frequency of Transport	
One Time Transport:	<input type="checkbox"/>
Recurring Transport:	<input type="checkbox"/>

Security Classification Level of Consignment	
Indicate highest level of classification:	<input type="checkbox"/> CONFIDENTIAL <input type="checkbox"/> SECRET

Locations (identify places and names of establishments or facilities of origin and destination)	
From:	
To:	

Countries concerned (indicate all countries involved)	
Country of Origin:	
Country of Destination:	
Countries Crossed: (indicate all countries involved)	

Means of Transport	
For further details (e.g. transport routes, dates / times of departure and arrival, names of carriers / freight forwarders, export licences etc.) see Appendix 1	<input type="checkbox"/> By road <input type="checkbox"/> By train <input type="checkbox"/> By air <input type="checkbox"/> By ship

Kind of Freight / Consignment(s)	
For further details (size, weight, package, etc.) see Appendix 1	<input type="checkbox"/> Complete Weapon System <input type="checkbox"/> Components / Equipment <input type="checkbox"/> Consignment containing hazardous Material



OCCAR Transportation Plan

Submitting Agency or Facility (Agency or Facility submitting transportation plan)			
Name:			
Address: (Complete)			
Security Officer / PoC: (Name, Phone, Fax, E-mail)			
Date	Name (Block letter)	Signature	Stamp

NSA's/DSA's approval (identify all NSA's/DSA's involved)			
Country of Origin			
	Date of approval	Signature	Stamp
Country of Destination			
	Date of approval	Signature	Stamp
Country A crossed			
	Date of approval	Signature	Stamp
Country B crossed			
	Date of approval	Signature	Stamp
Country C crossed			
	Date of approval	Signature	Stamp

Designated Government Representatives (identify responsible government representatives or security points of contact of establishments assuming security responsibility for the classified consignment in their territory; NSA's / DSA's to complete table accordingly, as appropriate)		
Country of Origin	Name(s):	
	Department:	
	Phone:	
	Fax:	
	Email:	
Country of Destination	Name(s):	
	Department:	
	Phone:	
	Fax:	
	Email:	



OCCAR Transportation Plan – Appendix 1

NOTICE OF CLASSIFIED CONSIGNMENT in accordance with approved Transportation Plan

Transportation Plan	
Date of Approval:	
Reference No.:	
Programme / Contract:	

Consignor	
Name:	
Address: (Complete)	
Security Officer / PoC: (Name, Phone, Fax, E-mail)	

Consignee	
Name:	
Address: (Complete)	
Security Officer / PoC: (Name, Phone, Fax, E-mail)	

Description of Consignment	
Item: (Equipment, complete Weapon System or Components)	
Number of packages items or containers:	
Number of enclosed items in each package, container:	
Highest Classification Level:	<input type="checkbox"/> CONFIDENTIAL <input type="checkbox"/> SECRET
Weight: (in kilograms)	
Type of Package: (describe kind and Material of Container, Box, Shading etc.)	
Export licences: (or other applicable export citation)	
Hazardous Material contained: (Explosives, chemical substances etc.)	



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Carrier Company Details	
Name:	
Address: (Complete)	
Security Officer / PoC: (Name, Phone, Fax, E-mail)	
Facility Security Clearance Level:	<input type="checkbox"/> CONFIDENTIAL <input type="checkbox"/> SECRET

Authorised Escorting Personnel / Couriers	
Name:	
Name:	
Name:	
Number of Courier Certificate carried:	

Routing Details		
(Specify each segment of the route from the initial point of movement to the ultimate destination, including all border crossing and over-night stops)		
Date, Time Departure:		
Estimated Date, Time of Arrival:		
Routes: (indicate road and highway, numbers, train, flight, ship connections, as appropriate)		
Border Crossing	Country:	
	Point of Entry:	
	Point of Exit:	
Border Crossing	Country:	
	Point of Entry:	
	Point of Exit:	
Border Crossing	Country:	
	Point of Entry:	
	Point of Exit:	



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Details Freight Forwarders Transportation Agents			
	Name:		
	Address: (Complete)		
	Security Officer / PoC: (Name, Phone, Fax, E-mail)		
	Facility Security Clearance Level:	<input type="checkbox"/> CONFIDENTIAL	<input type="checkbox"/> SECRET
	Storage Capabilities Classified Material:	<input type="checkbox"/> CONFIDENTIAL	<input type="checkbox"/> SECRET
	Name:		
	Address: (Complete)		
	Security Officer / PoC: (Name, Phone, Fax, E-mail)		
	Facility Security Clearance Level:	<input type="checkbox"/> CONFIDENTIAL	<input type="checkbox"/> SECRET
	Storage Capabilities Classified Material:	<input type="checkbox"/> CONFIDENTIAL	<input type="checkbox"/> SECRET
	Name:		
	Address: (Complete)		
	Security Officer / PoC: (Name, Phone, Fax, E-mail)		
	Facility Security Clearance Level:	<input type="checkbox"/> CONFIDENTIAL	<input type="checkbox"/> SECRET
	Storage Capabilities Classified Material:	<input type="checkbox"/> CONFIDENTIAL	<input type="checkbox"/> SECRET

Storage and Transfer or Delivery Points		
List all ports, airports, railheads, or other storage, delivery or transfer points or other processing facilities used.	Location:	
	PoC:	
	Location:	
	PoC:	
	Location:	
	PoC:	
	Location:	
	PoC:	

Customs and Port Security Officials	
Location:	
Security Officer / PoC: (Name, Phone, Fax, E-mail):	
Location:	
Security Officer / PoC: (Name, Phone, Fax, E-mail)	