

**REQUEST FOR LIMITED INDIVIDUAL LOGISTIC SUPPORT  
(FOR NON-SENDING STATE FOREIGN LIAISON PERSONNEL)**

**(Memorandum, USAREUR, AEPM, 12 July 2016, subject: Customs Exemptions and Limited Individual Logistic Support for NATO Liaison Officers and Military Personnel Exchange Program Personnel in Germany)**

Fill out this form and send it by e-mail, with supporting documentation, to HQ USAREUR, Office of the Provost Marshal/CG USAREUR Customs Executive Agent, at *usarmy.wiesbaden.usareur.mbx.nato-sofa@mail.mil*.

**Part I — Point of Contact (POC)**

(POC / country desk officer of the sponsoring organization for the foreign liaison personnel (FLP).)

<b>1. Name</b>	<b>2. Grade</b>	<b>3. Telephone (military)</b>	<b>4. Telephone (civilian)</b>

**5. E-mail address**

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**Part II — Program Manager**

(FLP Program Manager.)

<b>6. Name</b>	<b>11. E-mail address</b>
<b>7. Grade</b>	<b>12. Military (APO) mailing address</b>
<b>8. Position</b>	
<b>9. Organization or unit</b>	
<b>10. Telephone (military)</b>	

**Part III — FLP**

(Information about the FLP officer.)

<b>13. Name</b>	<b>14. Grade / Rank</b>	<b>15a. Status (LNO or MPEP)</b>	<b>15b. MOA Line #</b>	<b>16. Telephone (military)</b>

<b>17. Home address in Germany</b>	<b>18. License plate numbers</b> (NOTE: German FLPs must have their vehicles registered in the German system and in their names.)

<b>19. E-mail address</b>	<b>23. Military (unit APO) mailing address</b>
<b>20. Nationality</b>	<b>21. Passport or ID card number</b>

<b>22. Organization or unit</b>	<b>24. Assignment</b>
	From: _____ To: _____

<b>25. Color eyes</b>	<b>26. Color hair</b>	<b>27. Height</b>	<b>28. Weight</b>	<b>29. Date of birth</b>

**Part IV — Spouse**

(Information about the spouse of the FLP.)

<b>30. Name</b>	<b>31. Nationality</b>	<b>32. Passport or ID card number</b>

<b>33. Color eyes</b>	<b>34. Color hair</b>	<b>35. Height</b>	<b>36. Weight</b>	<b>37. Date of birth</b>

**Part V — Military Banking Facility**

(Use of military banking facility.)

<b>38. Use of a military banking facility to exchange currency—</b>	<input type="checkbox"/> Is required
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	<input type="checkbox"/> Is not required

**Part VI — Remarks**  
(Remarks, if any.)

**Part VII — Attachments**

(Provide copies of the following documents as enclosures to this request and identify if they were available and provided (Yes), not available or provided (No), or not applicable (NA).)

Yes	No	NA		Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A copy of the MOA for the LNO/MPEP (NOTE: Include position descriptions.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A copy of the military ID card
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A copy of the approved foreign visitor request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A copy of the soldier's drivers license
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assignment orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A copy of the applicable privately owned vehicle(s) registration certificates
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NATO travel orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A copy of the spouse's passport or ID card
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A copy of the passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A copy of the spouse's drivers license

**Part VIII — Program Manager Signature**

(Signature of requesting U.S. program manager.)

**39. Program manager's name** (part II, field 6)

**40. Date** (YYYYMMDD)

**41. Signature**