| INDIVIDUAL ANTI-TERRORISM PLAN (IATP) Help Sheet | | |
|--|---|--|
| Site: https://iatp.pacom.mil/ | CAC Enabled site. In the event you don't have CAC access to the website Contact the 337th for additional guidance | |
| | | |
| Page 1: Traveler Information | | |
| Personal Information: Unit/Organization | Search for your command | |
| Basis For Travel | Leave or TAD/TDY | |
| Service | Branch of Service | |
| Rank | Military Rank | |
| Last Name | Self Explanatory | |
| First Name | Self Explanatory | |
| Middle Name | Self Explanatory | |
| Phone Number | Include country code (+61) and your work phone number | |
| Email Address | Work email address | |
| Additional Email Address | Another email address where you regularly receive mail | |
| Carrier | Mobile Phone Carrier - none (No Australian Carriers are listed) | |
| Text Message Number / ID | None - you cannot enter a number here without a carrier | |
| Alternate Duty Personnel | Not required | |
| | | |
| Page 2: Destinations | | |
| Country | Select country from drop-down menu | |
| State or Province | Self Explanatory | |
| City | Self Explanatory | |
| Zip or Postal | Self Explanatory | |
| Start Date | Anticipated date of arrival | |
| End Date | Anticipated date of departure | |
| Workplace Location | Only required for TAD/TDY | |
| Workplace Phone Number | Only required for TAD/TDY | |
| Workplace Security Provider | Only required for TAD/TDY | |
| Lodging Location | Full address and name of home or hotel location or installation. Include city and postal code | |
| Lodging Phone Number | Full number of home or mobile phone (include Country code) | |
| Lodging Security Provider | Routine police / security patrols (Autofill) | |
| Add Destination | If traveling to more than one location select "Add Destination" and repeat Page 2 instructions | |
| Resources | May populate based on destinations; ensure box is checked | |
| | | |
| Page 3: Instructions | Review (No inputs) | |
| | | |
| Page 4: Additional Travelers | | |
| # of Additional Travelers | Number of Dependents | |
| Additional Traveler Information - As required | | |

| Service | From Drop-down, select (applicable Service or Other DoD) CIV/CONT |
|--|---|
| Rank | DEP |
| Last Name | Last Name of Dependent |
| First Name | First Name of Dependent |
| Middle Name | Middle Name of Dependent or NMI |
| Email Address | Email address of Dependent |
| | |
| Page 5: Chain of Command | |
| Local Command Information: UIC | Not required |
| Command Organization/ Office Code | Name of local Australian or DoD Command unit |
| Travelers Command 24 Hour Contact Number | Local duty officer phone number |
| First Flag or SES in Chain of Command | Select from dropdown |
| Command Coordinators | (No inputs) |
| Supervisor | Should be a DoD Supervisor in the local area. If none, use Agency Headquarters |
| Service | Self Explanatory |
| Rank | Self Explanatory |
| Full Name | Self Explanatory |
| Phone Number | Full number to work location (include Country code) |
| Email Address | Work email address |
| Pre-Flag Endorser | |
| Service | Self Explanatory |
| Rank | Self Explanatory |
| Full Name | Self Explanatory |
| Phone Number | Full number to work location (include Country code) |
| Email Address | Work email address |
| Additional Chain of Command E-mail Address | As Required |
| | |
| Page 6: Preparation | |
| Reason for Travel | Self Explanatory |
| Leave Control Number | N/A or TBD if not yet approved |
| Will weapons be carried during this travel? | Self Explanatory |
| Level 1 ATFP Awareness Training | Enter completion date (Training date currency varies by location so IATP will adjust automatically) |
| Certification Number | Enter ATFP Level 1 certificate number |
| Date of Location / Area Specific training | Enter completion date (Review DoS Location Briefs and any other required briefs) |
| Date of last completed SERE 100.2 Level A Training | Enter completion date (Training date currency varies by location so IATP will adjust automatically) |
| Data of last ICODDED conflication in DDAG | Enter review date - See instructions on the IATP Site for currency requirements NIPRNet Link: |
| Date of last ISOPREP verification in PRMS | https://prmsglobal.prms.af.mil/prmsconv/profile/survey/survey.aspx |
| Country Specific Information | Review DoS country specific information for unclassified AOR Location Specific Brief |
| | |

| Page 7: Matrix | |
|---|--|
| Buddy Rule Narrative | If required, describe how you will meet this requirement |
| Threat Matrix | Review only |
| | |
| Page 8: Transportation | |
| Air - Initial | |
| Departure Date | Self Explanatory |
| Departure City | Self Explanatory |
| Destination City | Self Explanatory |
| Airline | Auto-filled, but review in case there are any difference based on local conditions |
| Air - Return | |
| Departure Date | Self Explanatory |
| Departure City | Self Explanatory |
| Destination City | Self Explanatory |
| Airline | Auto-filled, but review in case there are any difference based on local conditions |
| Ground - Intra-Area After Arrival | |
| Method 1 | Auto-filled as taxi, but should more likely be POV or Bus |
| Method 2 | Auto-filled as taxi, but should more likely be POV or Bus |
| Other Method | Auto-fill |
| | |
| Page 9: Miscellaneous | |
| Additional Information | As required |
| Medical | |
| Medical Services Availability Briefing Date | Use the date you reviewed country specific information on the CDC Website (http://www.cdc.gov/travel/) |
| Medical Services Concerns Briefing Date | Use the date you reviewed country specific information on the CDC Website (http://www.cdc.gov/travel/) |
| Communication | |
| American Embassy telephone numbers | Autofill |
| On-Installation Police Telephone Number | Auto defaults to will obtain on arrival - change as appropriate |
| Off-Installation Police Telephone Number | Auto defaults to will obtain on arrival - change as appropriate |
| Awareness | |
| Primary Safe Haven | U.S. Military installations, if available; American Embassy; Local Police Station |
| Alternate Safe Haven | Auto defaults to will obtain on arrival - change as appropriate |
| | |
| Page 10: Acknowledgement | Read information and agree by checking the box at the bottom of the page |
| | |
| Page 11: Confirm | Click Submit |