



Application for license to transit military equipment through Sweden

ISP's notifications

1 Applicant/forwarding agent

Company name		Contact person	
Address		Phone	Fax
Postal code	City and country	E-mail address	

2 Transit

State point of entry and point of exit in Sweden, date for entry and describe how the transport will be done.

Point of entry	Point of exit	Date for entry (yyyy-mm-dd)
Description of transport		

3 Exporter (the company that wants to export/transit)

Company name	Postal code	City
Address	Country	

4 Consignee

Company name	Postal code	City
Address	Country	

5 End User (if other than consignee)

Company name	Postal code	City
Address	Country	

6 Attachments

State which attachments are sent with the application.

☐ Copy of the export license from the exporting country ☐ Other attachments, no _____

7 Specification of military equipment

Type of military equipment	Classification*	Quantity

* The classification should be made according to the EU military list.

8 Signature

City and date	Signature	Name in block letters
---------------	-----------	-----------------------

Send application and attachments to:
ISP, Inspectorate of Strategic Products
Box 6086, SE-171 06 Solna, Sweden
E-mail: registrator@isp.se