

# INTERNATIONAL TRAVEL INFORMATION FORM

**TO: See notes of guidance on the back of this form for correct mailing address (note 1).  
Please send a SAE if you require an acknowledgement.**



1. Name:  
Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

2. Address: (Give full private address) \_\_\_\_\_

3. Age: \_\_\_\_\_ 4. IPA membership number:..... (Attach copy of membership card – both sides, pictures and stamps)

5. Police Force: \_\_\_\_\_ Department: \_\_\_\_\_ Position: \_\_\_\_\_

6. Telephone Numbers: \_\_\_\_\_ Office: \_\_\_\_\_ Home: \_\_\_\_\_

7. Accompanying persons (give full name of accompanying persons and in case of children age). Continue of separate sheet  
Name Relationship Children's age  
A \_\_\_\_\_

8. Destination: (A separate form in respect of each country (Section) to be visited). When visiting more than one place in any country please list each area. A. Country: \_\_\_\_\_ B. Town: \_\_\_\_\_

9. Method of Travel:  Air  Boat  Rail  Car

10. Flight Number: \_\_\_\_\_ Airline: \_\_\_\_\_ Other Means: \_\_\_\_\_

11. Car Registration: \_\_\_\_\_

12. Date of Arrival: \_\_\_\_\_ Time: \_\_\_\_\_ Place of Arrival: \_\_\_\_\_

13. Date of Departure: \_\_\_\_\_ Time: \_\_\_\_\_ Place of Departure: \_\_\_\_\_

14. Accommodation Required:  Yes (a) If yes indicate type  Hotel  Guesthouse

(If accommodation is required, provide sufficient information. If Hotel accommodation is required indicate number of rooms, type; single/double, with or without bath and shower and price limits (per person per night.) After the host Section has reserved hotel accommodation the applicant must confirm the booking direct with the hotel.)

Home Hosting:  No

Name and address of host or hotel: \_\_\_\_\_  
\_\_\_\_\_

15. FACILITIES REQUIRED: (indicate specific interest, type of work (i.e fingerprint/traffic etc) and special sight seeing of historic buildings/museums etc.)

(a) Visit place of interest  Yes If yes specify: \_\_\_\_\_

(b) Other facilities: \_\_\_\_\_

(c) Languages spoke  Spanish  English  German  French  Other (please specify)

Signed \_\_\_\_\_ Section \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## FOR OFFICIAL USE

TO: IPA Name: \_\_\_\_\_  Secretary General

I certify that the applicant is an IPA Member. The request (as outlined) for assistance during the visit to your Section is forwarded for your attention. You may communicate with the applicant. May I thank you for your assistance.

Signed: \_\_\_\_\_ Office Holder: \_\_\_\_\_  Secret. General Date: \_\_\_\_/\_\_\_\_/\_\_\_\_