
(agency conducting security check) (day, month, year)

Application for processing state secrets

Business name/name:

Commercial registry code/personal identification code

Please issue a Facility Security Clearance to

(name of legal person/self-employed person)

I hereby confirm that the information presented in this application is accurate. I am aware that concealment of information, submission of incorrect or falsified information on my part may result in refusal to issue a Facility Security Clearance or revocation of such permit.

(signature of the head of the legal person, or the signature of the self-employed person)

(name and office of signatory)

Annexes:

1) form completed by applicant for a Facility Security Clearance on _____ pages and continuation sheets _____ on pages in one original copy;

2) written consent of the applicant for a Facility Security Clearance on 1 page, in one original copy.

Rein Lang

Minister of Justice