

---

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

Application for extension of a Facility Security Clearance

Business name, name: \_\_\_\_\_

Commercial registry code/personal identification code:

Please extend the Facility Security Clearance issued 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 extend the 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:

- 3) Annex to form completed by applicant for a Facility Security Clearance on \_\_\_\_\_ pages and continuation sheets \_\_\_\_\_ on pages in one original copy;
- 4) written consent of the applicant for extension of a Facility Security Clearance on 1 page, in one original copy.

Rein Lang

Minister of Justice