

Nuclear Non-Proliferation (Safeguards) Act 1987

Application for approval of a new Authorised Classifier FORM: ASO120

Permit Holder's details

Ref. N<sup>o</sup>.<sup>1</sup>

Name of Permit Holder:	Permit Holder's permit
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Individual's details

Name of individual	Title of individual:		
Position of individual:	Date approval requested for:		
Telephone N <sup>o</sup> .:	Facsimile N <sup>o</sup> .:	E-mail address:	
Contact address for individual:			

Suitability

Reason for requesting this individual become an Authorised Classifier:
Relevant training the individual has received:

.....	Name :	Approved: / /
(Signature)	Position :	.....
	Date :	(for Director of Safeguards)

<sup>1</sup> A sequential number for each form of this type submitted by the Permit Holder