

Nuclear Non-Proliferation (Safeguards) Act 1987

Application for authorisation to authenticate copies

FORM: ASO121

Permit Holder's details

Ref. N^o.¹

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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 authorisation requested for ² :		
Telephone N ^o .:	Facsimile N ^o .:	E-mail address:	
Contact address for individual:			

Suitability

Reason for requesting this individual be authorised to authenticate copies of records:
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.....	Name :	Approved: / /
(Signature)	Position :
	Date :	(for Director of Safeguards)

¹ A sequential number for each form of this type submitted by the Permit Holder
² Application shall be made at least 7 calendar days prior to this date.