

# APPLICATION FOR EXTENSION OF **SC-AFSP LICENSING** BY THREE MORE YEARS

NAME \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_

PHONE \_\_\_\_\_

INVOICE ADDRESS (if divergent to applicants address)

\_\_\_\_\_  
\_\_\_\_\_

**1. ACTIVITY REPORT** (Activities in the field of Functional Safety in the past three years)

\_\_\_\_\_  
\_\_\_\_\_

*If necessary, submit a separate document*

**2. TRAININGS, CONGRESSES, PROFESSIONAL ARTICLES** (in the past three years)

\_\_\_\_\_  
\_\_\_\_\_

*If necessary, submit a separate document*

I hereby apply for an extension of my SC-AFSP licensing by three more years and agree to the charge of a handling fee in the amount of 390 euros. I understand that, in addition to this application, I will have to complete an online test in order for the extension to become effective.

*I have read and understood the SGS data protection information for customers on the processing of their personal data in accordance with Art. 13 of the General Data Protection Regulation at <https://www.sgsgroup.de/en/privacy-at-sgs>.*

\_\_\_\_\_  
Place

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**PLEASE RETURN THE COMPLETED AND SIGNED FORM VIA FAX +49 89 787475 - 217 OR VIA E-MAIL [FS.TRAINING@SGS.COM](mailto:FS.TRAINING@SGS.COM).**

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